

HEALTH REQUIREMENTS – Pre-K & Bridge

A copy of an immunization record signed and stamped by a physician or health professional is required.

If immunizations would be injurious to your child or family you must obtain a certificate (signed by a physician) to that effect, attach it to this form and submit it to the Bright Beginnings Board for approval.

ADMISSION REQUIREMENT FOR ALL STUDENTS:

Child's Name: _____ DOB: _____

Physician Statement

Physician Statement: I have examined the above-named child within the past year and find that he/she is physically able to take part in the Bright Beginnings Early Learning Program. I also certify that this child's immunizations are current and up to date.

Food Allergies: _____ No food allergy is present at this time
_____ Diagnosed food allergy see Emergency Plan

Hearing and Vision Screening: All children 4 years old by September 1st of the current school year are required by the State Minimum Standards to have Vision and Hearing Screening. Please have your doctor complete the following form to verify the screening has been completed.

VISION	R 20/ _____	L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL	
			DATE: _____	
HEARING	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
R				
L				
				DATE: _____

Physician's Signature

Date

Physician's Printed Name

Physician's Phone Number

Bright Beginnings Early Learning Program

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