



Admission Information

Childs Full Name

Childs Birthdate

Childs Home Address

Parent 1 Full Name

Parent 2 Full Name

Parent 1 Phone.

Work Phone

Parent 2 Phone.

Work Phone

____ I have provided Bee Loved Preschool with a copy of my child's most current immunization record or

____ I have provided Bee Loved Preschool with a signed and dated affidavit stating that I am delaying or decline immunizations for reason of conscience, including religious belief on the form described by Section 161.0041 Health and Safety code submitted no later than the 90th day after the affidavit is notarized.

____ I have provided Bee Loved Preschool with a copy of my child's hearing and vision screening. (Ages 4 and older) or

____ I have provided Bee Loved Preschool with a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or a member of.

If your child does not attend pre-kindergarten or school away from Bee Loved Preschool, one of the following must be presented when your child is admitted to Bee Loved Preschool or within one week of admission.

Health Care Professional's Statement.

I have examined the above-named child within the past year and find that he/she is able to take part in a preschool program.

Signature – Health Care Professional

Date

A signed and dated copy of a health care professional's statement is attached.

Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of. I have attached a signed and dated affidavit stating this.

My child has been examined within the past year by a health care professional and is able to participate in a preschool program. Within 12 months of admission, I will obtain a health care professional's signed statement and submit it to Bee Loved Preschool.

Name of Health Care Professional

Address of Health Care Professional

Signature – Parent or Legal Guardian

Date