BEREAN preschool

ENROLLMENT FORM 2020-2021

HEALTH CARE SUMMARY (MUST be signed by physician)

Name ____ Birth date_________

Address _____________________________ City _______________ Zip ________

Parents or Guardian names ____

Physician/Clinic ____

Date of last physical examination: ____________________

How long have you been seeing this child? ____________________

How frequently do you see this child when not ill? ____________________

Does this child have any allergies? (All allergies listed will need an allergy plan)

____

Is a modified diet necessary?

____

Is any condition present that may result in an emergency situation?

____

Status of the child's vision: __________ hearing: __________ speech: __________

Please list below any important health concerns. Indicate who is following the child for the condition (if not you) and please make note of which health conditions may require special attention at the preschool. Include below any other information that would be helpful for our center.

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Signature ____ Date __________

Attach copy of Immunization Record or fax to 952-431-0914