



HIGH HOPES PRESCHOOL ADMISSION REQUIREMENTS FORM

CHILD'S NAME_____

DATE OF BIRTH_____

ADDITIONAL MEDICAL INFORMATION SECTION

List any special needs that your child has, such as environmental allergies, food intolerances, existing illness, previous serious illness, injuries or hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

Does your child have diagnosed food allergies? Yes ☐ No ☐

If yes, action plan submitted on:

Has your child been diagnosed with Asthma? Yes ☐ No ☐

If yes, action plan submitted on:

Parent/Guardian Signature:

Date:

STATEMENT OF HEALTH

HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he/she is of good health and medically cleared to participate in child care or preschool.

Health Care Professional's Signature

Date Signed

Date of Well Check

Name, address, and phone number of Health Care Professional:

Parent/Guardian Signature

Date:

VISION & HEARING SCREENING (AGES 4 +)

VISION	R 20/ _____		L 20/ _____	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
HEARING	1000HZ	2000HZ	4000HZ	PASS/FAIL
Right				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Left				<input type="checkbox"/> PASS <input type="checkbox"/> FAIL

Health Care Professional's Signature

Date Signed