

S.E.E.D.S
 St. Elizabeth Educational Day-out Service
 6646 Addicks Satsuma
 Houston, Texas 77084
 Tel. 281-855-2503
 Fax. 281-855-6877



(2017/2018)

Admission Requirement

Child's Name _____ Date of Birth _____

Admission Requirement: One of the following must be presented each school year to the day care facility on or before your child's first day of school. Check to indicate the option you select.

_____ Doctor's Statement: I have examined the above named child within 12 months from the child's starting school date and find that he/she is physically able to take part in the day care program.

 Physician's Signature

 Date

_____ A copy of medical screening form of the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) Program if no referral for further diagnosis and treatment is indicated.

_____ A form or written statement from a health service or clinic.

****** Please attach a copy of Hearing and Vision Screening for 4 Year Olds. ******

Immunization Information

Please fill in dates shots were administered.

Name of Child:				Date of Birth:	
Immunizations	Date / dose 1	Date / dose 2	Date / dose 3	Date / dose 4	Date / booster
DPT /Dtap					
Polio					
MMR					
H.I.B.					
Hep B					
Hep A					
Pneumococcal					
Varivax					

 Signature - Physician or Health Personnel

 Date

 Signature -- Staff Making Handwritten

 Date