

You must have this health statement to us before your child begins attending our center. They cannot start unless we receive this.

Child's Name:

True Lite Learning Center

Health Statement

Parent Information

First name:

Last name:

Cell phone #:

(____)____-____ Work phone #: (____)____-____

Learning Center
statement:

My child has been examined by our family physician for this year and is able to participate in True Lite Learning Center's program.

Family Physician Information

Physician's name:

Physician's address:

Office phone #:

(____)____-____

Physician's email

address (if applicable): _____@_____.com

Physician's signature / stamp:

Date:

Note: If a signed form of this health statement proves to be difficult due to the offices being hard to reach or if any other problem arises, you may also bring or email us an original statement from the physician, confirming your child is fit and able to participate in our program.