

St. Catherine of Siena Preschool & Mother's Day Out

1705 E. Peter's Colony Road, Carrollton, TX 75007 ★ 972-394-0370 ★ SCSPreschool@stcatherine.org



Health Statement

Child's Name: _____
Last First Middle

Physician Statement

I have examined this child within the past twelve (12) months and find that he/she is physically able to participate in the Preschool/Mother's Day programs.

Physician's Signature

Date

Physician Name: _____

Physician Address: _____

Hearing and Vision

Child care licensing requires all students **age 4 and over** to have a current hearing and vision screening on file. Please provide a copy of this information from your physician.

Immunization Record

A copy of your child's current immunization record is required for enrollment.

Please refer to the Immunization Schedule in our Parent Handbook to ensure your child is up-to-date and **provide a copy** for our files no later than **August 1st**.

Students without a health statement and current immunizations on file will not be admitted to school.