

A few things my teacher needs to know about me ...

My name is spelled _____

My nickname is _____

My birthday is _____

I really like _____

I really don't like _____

I live with _____

I am allergic to _____



Medical Statement
To be completed by Health Care Professional

Date of Examination: _____

_____ has been examined by me and is physically and
(Child's Name)

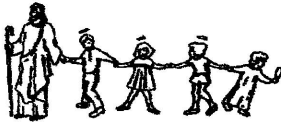
mentally able to participate in group activities and day care programs.

Any allergies or special recommendations: _____

Physician's Signature

Address

Phone



WEE CARE
PRESCHOOL & DAYCARE CENTER
9821 McCombs El Paso, TX 79924
(915) 751-2403

This is an admission requirement in the State of Texas

* Please have completed by Medical Professional + return