



## HEALTH STATEMENT

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

### STATUS OF ABOVE CHILD'S HEALTH:

\_\_\_\_\_  
ANY KNOWN CONDITIONS UNDER TREATMENT

\_\_\_\_\_ is capable of adjusting to programs of the  
child care facility ( Cheer and Grow Learning Academy Corp. )

Signed: \_\_\_\_\_ (M.D. or R.N.) Date: \_\_\_\_\_