

TO BE FILLED OUT FOR ALL CHILDREN SIX YEARS OF AGE AND OLDER

Name of Child:	DOB:	Age:	Sex:
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Child's health history and current health problems:

_____ My child is enrolled in a public or private school and is in good health and can participate in the normal activities at Kidz Korner.

_____ My child/children is not enrolled in a public or private school. They have had a health examination performed by a health care provider within one year prior to admission, for children above 2 years of age.

I will inform Kidz Korner, Inc of any conditions or specific needs that may require special accommodations.

Any special medical conditions, including chronic health problems: _____

Any special medications and/or restrictions: _____

Are your child's immunizations up to date? _____

If you are not immunizing your child due to religious reasons please check here:

_____ You will need to submit a signed letter explaining how the immunizations conflict with the child's exercise of bona fide religious tenets or practices.

Has your child had any of the following common childhood illnesses?	Yes/No	Is your child prone to:	Yes/No
Chicken pox	(Y)(N)	Ear infections	(Y)(N)
German Measles	(Y)(N)	Stomach upsets	(Y)(N)
Scarlet Fever	(Y)(N)	Diabetes	(Y)(N)
Measles	(Y)(N)	Headaches	(Y)(N)
Mumps	(Y)(N)	Colds	(Y)(N)
Whooping Cough	(Y)(N)	URI	(Y)(N)
Rubella	(Y)(N)	Sore throats	(Y)(N)
Rheumatic Fever	(Y)(N)	Other:	(Y)(N)
Heart disease	(Y)(N)		

Does your child have any speech, hearing, or visual problems? _____ Describe: _____

Has your child ever had any surgeries? _____ Describe: _____

Known medical problems: _____

Allergies: _____

Agreements:

When my child is ill, I understand and agree that Kidz Korner, Inc. will not accept my child for care. This includes: fever, diarrhea, vomiting, bad cough, and a communicable disease.

My signature below certifies that my child is to my knowledge, in good health, and free of disabilities that would endanger him/her or other children.

Also by signing below I agree that this is a legally binding form. Providing false information could be grounds for termination of childcare services, forfeiture of retainer, or both.

Father/Guardian's Signature	Date
Mother/Guardian's Signature	Date
Kidz Korner, Inc.	Date