



Children's Creative Playday Preschool Program
A Ministry of First United Methodist Church
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Doctor's Signature and Statement of Health 2021

Child's Name _____ Date of Birth ____/____/____

1. Examination:

_____ has been examined and found free of infectious and contagious diseases, and is physically and mentally able to participate on group activities.

If not, please explain _____

Physician's Signature (Required) Date

Physician's Address Phone Number

Hearing and Vision Results – Results of Hearing and Vision screening are required by the State of Texas. **All students 4 years and older (including Transitional Kindergarten)** by September 1, 2021 must show proof of screening.

- ☐ I have attached a copy of my child's Hearing and Vision Results
Hearing results must include hearing frequencies (1000, 2000 & 4000 Hertz)
Vision must include distance acuity (20/20, 20/30, etc)

OR

- ☐ Hearing & Vision Requirements are not applicable to my child because he/she is under 4 years of age as of September 1, 2021