



PARENTS: THIS FORM MUST BE FILLED OUT AND SIGNED BY YOU AND YOUR PEDIATRICIAN. IT IS DUE Thursday, August 1, 2025. Fours and TK students need a Hearing & Vision Screening.

PARENT SECTION

PRINT ALL INFORMATION CLEARLY :

PARENTS: PLEASE CLEARLY PRINT THE FIRST TWO SECTIONS OF THIS FORM PRIOR TO TAKING IT TO YOUR CHILD'S PHYSICIAN

Child's Name _____

Date of Birth - Month/Day/Year _____

CCP Class Group for Fall 2025: __18-mo __2s __3s __4s __TK

IMMUNIZATION RECORD INFORMATION

All students are required by the State of Texas to have one of the following on file by the first day of school: CCP requests these the week prior to school starting.

__ I have provided CCP with a current copy of my child's immunization record which is attached.

__ I am excluding my child from immunization requirements for reasons of religious belief. I have an official notarized affidavit form developed and issued by the State of Texas. I understand the affidavit is valid for two years, BUT I also understand that I must provide a copy for each new year my child is enrolled in the program.

Parent Signature _____

Date _____

PHYSICIAN'S STATEMENT

➤ **THE FOLLOWING SECTION IS TO BE COMPLETED BY YOUR CHILD'S PEDIATRICIAN:**

1. Is this child physically and mentally able to participate in group activities? _____

2. Can this child participate in the program without special care relating to allergies, special diet, restriction of activities or any other chronic condition? _____

3. Is this child free of infectious or contagious disease? _____

Date of Last Examination: _____ Physician's Signature: _____

Physician's Name (Printed): _____

Address: _____ City/State/Zip: _____

Phone: _____