



Physician's Recommendation and Health Statement August 2013

Dear Physician,

Children's Lighthouse provides a group childcare environment for children between the ages of six weeks and twelve. It is our policy to accept children in our center in compliance with the Americans with Disabilities Act and all applicable federal, state or local laws pertaining to the provision of services to persons with disabilities.

In addition, our center will evaluate each child's situation on an individual basis to determine if the following child's needs, including physical, can be met within our center's teacher to child ratio:

Child's Name: _____ **Date of Birth:** _____

Teacher to Child ratio at our center is:

Age	Infants 6wks to 12 months	Infant/Toddlers 12 months to 18 months	Toddlers 18 months to 24 months	2 year olds	3 year olds	4 year olds	5 year olds	6 -12 year olds
Teacher / Child ratio	1/4	1/5	1/9	1/11	1/15	1/18	1/22	1/26

Admission Signature Requirement: Health Care Professional

HEALTH-CARE PROFESSIONAL STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the child-care program with the teacher to child ratio as stated above.

Health Care Professional's Signature

Date

Immunization Requirement: Parents: *please check only one:*

1. A copy of my child's immunization Record is attached. If the state requires hearing and vision, I will obtain a copy of the examination when my child reaches the age the state requires such examine to be administered.
2. My child attends public or private school away from the child-care operation and the immunization is on file at the school.
3. I am excluding my child from the immunization requirement for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of the State Health Services. I understand that this affidavit is valid for 2 years and must be resubmitted every two years.

State Health Information Requirements may be required in addition to this form and will be provided by your Center Director.

Parent or Legal Guardian's Signature

Date