



Physician's Recommendation and Health Statement

Dear Physician,

Children's Lighthouse provides a group care setting for children between the ages of six weeks and twelve years old. It is our policy to accept children in our school 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 school 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 school's teacher to child ratio:

Child's Name: _____ Date of Birth: _____

Teacher to Child ratio at our school is:

Age	Infants 6wks to 12 months	Toddlers 13 months to 17 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: *Please check only one:*

1. ☐ **HEALTH-CARE PROFESSIONAL STATEMENT:** I have examined the above-named child within the past year and find that he / she is physically able to participate in a group care setting with the teacher to child ratio as stated above.

Health Care Professional's Signature

Date

Immunization Requirement: *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 examination 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 a valid vaccine exemption affidavit form developed and issued by the Department of State Health Services. I understand that this affidavit is valid for 2 years from the date notarized and must be resubmitted every two years.

Additional State Health information may be required in addition to this form and will be provided by your School Director.

Parent or Legal Guardian's Signature

Date

Each Children's Lighthouse school is independently owned and operated, and each independent owner is solely responsible for complying with all laws, policies, procedures, and regulations.