

Grace Garden
Where Love Grows
Saint John's United Methodist Church
2140 Allandale Road
Austin Tx, 78756
Office 512-371-5822
Fax 512-452-6145 Attn: Kym Cooper

Medical Information

Name: _____ Date of Birth: _____

Physician Statement

I have examined the above named child within the last 12 months and find that he/she is physically able to take part in a childcare program.

Physician's Signature _____ Date _____

Date of last well check: _____

Admission Requirement:

In Accordance with the DPRS regulations, a completed immunization record must be on file by the date of admission or your child will be unable to attend.

Please attach a copy of your child's most recent records.