

Grace Garden CDC

"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 immunization records.