

## **SHEPHERD OF THE HILLS CHILD DEVELOPMENT CENTER**

Each child must have a statement from a physician indicating the child's physical condition. Regulations require notification to our center of an chronic and/or transmittable disease. Please have your child's physician complete and sign the following statement and return it to the center upon the opening of school or date of enrollment.

\_\_\_\_\_ is in good physical condition. I foresee no difficulties with the child being able to take part in the activities at Shepherd of the Hills Child Development Center. Please list any allergies, physical defects, etc. that the center should be made aware of:

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Physician's Signature: \_\_\_\_\_

Date: \_\_\_\_\_