

**PHYSICAL HEALTH/IMUNIZATIONS
PARENTAL ACKNOWLEDGMENT FOR
SCHOOL AGE PROGRAMS**

This acknowledges that my child _____ d.o.b. _____
Who attends Kidzone Preschool & Childcare Center, LLC, a school age program
licensed/approved by the Division of Child Day Care Licensing, is in god health and
his/her immunizations are current.

Further, any health restrictions, allergies, medications taken by the child, or any other
needs are noted below:

Signature of Parent or Guardian _____

Date _____