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## Holy Spirit Child Development Center

### School Age Child Wellness Statement

### August 2017 - September 2018

This Wellness Statement ensures that all the school age children participating in the Holy Spirit Child Development Center's Child Care program are **in good health, have up-to-date immunizations, and are able to participate in daily activities** provided by the center.

I, \_\_\_\_\_ parent/guardian of (Please List each child's name):

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do hereby state that my children are in good health and able to participate in daily activities provided by the center, has all necessary immunizations up-to-date, and has an up-to-date copy on file at the main school office or the CDC.

*If there are any restrictions, special needs, or allergies please state the individual child's name on the lines provided along with health concerns, if there are none please write "NONE."*

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Parent(s) Signature: \_\_\_\_\_

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