

Maya Montessori Health and Immunization Statement Form

Thank you for your interest in Maya Montessori! We are committed to maintaining a safe, nurturing, and healthy environment for your child. As required by Texas Childcare Licensing regulations, this form must be completed and signed by both the parent/guardian and a licensed physician before enrollment can be finalized.

Please submit this completed form along with your full Enrollment Packet.

Child Information

Child's Full Legal Name: _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Name(s): _____

Primary Contact Number: _____

Alternate Contact Number: _____

Parent/Guardian Certification

I, the undersigned, certify the following:

- My child is in good physical health and able to fully participate in a licensed group childcare program.
- I have attached a current and complete copy of my child's immunization record, as required by the Texas Department of State Health Services, or a notarized affidavit of exemption.

Parent/Guardian Signature: _____

Date: _____

Physician's Statement (To Be Completed by Licensed Health Care Provider)

I have examined the child named above and find that he/she is physically able to participate in a group childcare setting, including daily indoor and outdoor activities, based on normal observation and examination.

Known Medical Conditions, Limitations, or Special Care Instructions (if any):

Physician's Full Name (please print): _____

Medical Practice Name: _____

Practice Address: _____

Phone Number: _____

Physician's Signature: _____

Date of Examination: _____

License Number: _____

Administrative Use Only

Date Form Received: _____

Enrollment Packet Complete: ☐ Yes ☐ No

Reviewed By: _____

Notes: _____
