



Physical Form

Child's Name: _____

Date of Birth: _____

Parent/Guardian: _____

Phone Number: _____

KPLA Admission Requirement

One of the following must be presented when your child is admitted to Kim's Play & Learn Academy or within one week of admission.

Please check only one option:

- HEALTH CARE PROFESSIONAL'S STATEMENT: I have examined the above-named child within the past year and find that he or she is able to take part in the program.

Health Care Professional's Signature:

Date Signed:

- A signed and dated copy of a health care professional's statement is attached.

- Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which adhered to or am a member of. I have attached a signed and dated affidavit stating this.

- My child has been examined within the last year by a healthcare professional and is able to participate in the program. Within 12 months of admission, I will obtain a health care professional signed statement and submitted to Kim's Play & Learn Academy.

Name and Address of Health Care Professional:

Signature of Parent/Legal Guardian:

Date Signed:

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