



**THE WEEKDAY
PRESCHOOL**
FIRST PRESBYTERIAN CHURCH

249 W. MCLELLAND AVE. MOORESVILLE, NC 28115 704-664-2701 (PH) 704-664-7526 FAX)

PHYSICIAN'S STATEMENT

I have examined _____
(Name of child)

and see no physical or emotional reason to restrict participation in the activities at
First Presbyterian Preschool's weekday program.

I have noted the following, if applicable:

Restrictions of activity:

Special attention or care needed:

Is the child up-to-date on his/her immunizations? YES or NO (circle one)

If no, please explain: _____

Signed _____ **Date** _____
(Physician Name)

Physician's phone number _____

***Please include a current copy of child's immunization records
(Required for ALL students enrolled)**