

Creative Learning Center

Director - Cathy Gerald

Doctor Signature Form

Please return to the CLC office before the first day of school.

Child's name: _____ Date of Birth: _____

Please list any known allergies:

Admission Requirement:

Doctor's Statement: I have examined the above-named child within the past year and find that he / she is physically able to take part in the CLC preschool/Children's Day Out program.

Physician's Signature

Date

Creative Learning Center

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