

**Bright Beginnings Learning Center
2025-2026**

Strawbridge United Methodist Church
5629 Kingwood Drive
Kingwood, Texas 77345
281-360-4500

A state-mandated criteria is that all blanks must be completed.

WELL STATEMENT

Child's Name _____

Parents _____

Address _____

Phone #1 _____ Phone #2 _____

Birth Date _____

HEALTH AND WELLNESS STATEMENT: MUST BE SIGNED BY CHILD'S PHYSICIAN

I have examined the above named child within the past year and found that he/she is physically able to take part in the Bright Beginnings Learning Center program and activities.

Physician Signature _____ Date _____

Known allergies: _____

Must document "no known allergies" in/on a child's record if the child has no known allergies (cannot leave this space blank).

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illnesses, recent injuries, any medication prescribed for long-term use, or other information of which the staff should be aware?

YES or NO (circle one)

If yes, please explain.

A COPY OF CURRENT IMMUNIZATION RECORD FROM PHYSICIAN MUST BE ATTACHED. Alternative immunization schedules need to be signed by your physician and accompanied by a state affidavit documenting exemption from immunizations.

If your child will have an EPI-PEN in the office, please provide a letter from your child's doctor.

A COPY OF VISION/HEARING SCREENING MUST BE ATTACHED for all 4-year-old children.