

# 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:

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**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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