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Health Form

Child's name: _____

Health Care Professional's Name: _____

Health Care Professional's Address: _____

Health Care Professional's Phone number: _____

Health Care Professional's Statement

I have examined the above-named child within the past year and find that **he / she** is able to take part in the Colores Spanish Immersion Preschool program.

Health Care Professional's Signature

Date

Please attach current **Immunization Records** to this form.