

## The Beginners Inn Childcare and Learning Center

## STATEMENT OF GOOD HEALTH

I, best of my knowledge that the Childcare & Learning Center.					
Please list any medications or care:	Ü			,	
Please list any allergies, food		ual medical problems o			
List any activity restrictions th	e above child may h				
Parent/ Guardian Signature _			_ Date		=
<u>Home Address</u>					
   Street /	 Address	City	 State	 Zip	