

Health Statement: School Age

Name: _____

Birthday: _____

The above child is free of communicable disease and has a physical on file at their elementary school. Immunization card will be kept on file at center.

Allergies: _____

Chronic Illnesses: _____

Current Medications: _____

Parent Signature: _____ Date: _____

PG Movie Release

Dear Parents,

Many popular children's movies (including Disney/Pixar) have a rating of PG. We are required to have parental consent to show any movie rated PG. If you do not give your consent we will find alternative activities for your child during movie time.

- My child can view movies rated PG
- My child can NOT view movies rated PG

Childs Name: _____

Parent Signature: _____ Date: _____