



EARLY LEARNING CENTER

The Mustard Seed Early Learning Center
 11555 Galm Rd. Ste 200 • San Antonio, TX 78254
 (210) 688-7003 Fax (210) 688-7013

HEALTH REQUIREMENTS

Admission Requirement: The following information is required prior to or upon your child's enrollment. (It is not required if your child is enrolled in a public school.) For children who turn 4 prior to September 1st, a vision and hearing screening is required. *Your child will not be admitted without this information.*

Name of Child _____ Date of Birth _____

Health-Care Professional's Statement: I have examined the above named child within the past year and find that s/he is physically able to take part in the learning center program.

Physician's Signature _____ Date _____

Physician's Name (print) _____ Phone _____

Immunization Record Attach a copy of the above named child's immunization records. Use the chart below to verify if your child is current on ALL immunizations based upon the minimum number of doses required for each vaccine.

Child's Age	0-2 months	3-4 months	5-6 months	7-15 months	16-18 months	19-24 months	25-42 months	43 months but prior to kinder
Hepatitis B	None	1 dose	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
DTP/DTaP/DT	None	1 dose	2 doses	3 doses	3 doses	4 doses	4 doses	4 doses
Hib	None	1 dose	2 doses	2 doses **	3 doses **	3 doses **	3 doses **	3 doses **
PCV	None	1 dose	2 doses	3 doses ***	4 doses ***	4 doses ***	4 doses ***	4 doses ***
Polio IPV or OPV	None	1 dose	2 doses	2 doses	2 doses	3 doses	3 doses	3 doses
MMR	None	None	None	None	1 dose *	1 dose *	1 dose *	1 dose *
Varicella	None	None	None	None	1 dose *	1 dose *	1 dose *	1 dose *
Hepatitis A	None	None	None	None	None	None	1 dose *	2 dose *

*MMR, Varicella, and Hepatitis A vaccines, the first dose must be given on or after 1st birthday.

** A complete Hib series is two doses plus a booster dose on or after 12 months of age (3 doses total).

***If the PCV series is started when a child is seven months of age or older, then all 4 doses are not required.

Vision Screening (at age 4)

Right Eye 20/ _____ Passed _____ Failed _____ Signature _____

Left Eye 20/ _____ Passed _____ Failed _____ Date _____

Hearing Screening (at age 4)

	1000 (Hz)	2000 (Hz)	4000 (Hz)
Right			
Left			

_____ Passed _____ Failed

Signature _____

Date _____