



**Green Valley Methodist Church
Preschool and Kindergarten
2200 Robindale Road
Henderson, NV 89074
702-454-7989**

Health Statement

Child's Name _____ Date of Birth _____
Last First MI

Parent's Name _____

Parent's Address _____

Status of above child's health _____

_____ Yes _____ No Child is capable of adjusting to the programs of a preschool facility.

Date _____ Signed _____

Physician Signature

(Please have physician sign this form and return with your Registration Packet)