

**University Baptist Church
Weekday Early Education School
(WEE School)**

HEALTH-CARE PROFESSIONAL'S STATEMENT

ADMISSION REQUIREMENT

WEE School is required by law that we have on file a dated statement from your Doctor that your child has been examined by (him or her). Please take this form the next time you take your child to your doctor and have it signed then return it to us.

Thank you,

Linda Casias
WEE School Director

HEALTH-CARE PROFESSIONAL'S STATEMENT

I have examined _____ and find that he/she is able to take part in the University Baptist Church WEE School's Program.

Date

Health-care professional Signature