

TRIPLE C NURSERY SCHOOL

2405 East Swamp Road

Quakertown, PA 18951

215-536-7280

1. Does this child have any physical conditions and/or allergies that we should be aware of? _____

2. Does this child require special attention, medication or routines that may have to be taken into consideration in planning for his/her time at school? _____

3. In your opinion, is this child physically and emotionally able to participate in a nursery school program? _____

4. IMMUNIZATIONS

Triple C follows the standards set forth by the PA Board of Health regarding childhood immunizations. We require that all children have completed the primary series of immunizations before enrollment. Requests for exemption from this policy should be submitted in writing to the Triple C Board.

	Date	Date	Date	Date	Date
DTP/DTap	1	2	3	4	5
POLIO	1	2	3	4	
HIB	1	2	3	4	
HEP B	1	2	3		
MMR	1	2			
VARICELLA	1	2			
OTHER	1	2			

Physician's Signature _____ Date _____

Printed Name, Address and Phone of Physician _____

