

FUMC Learning Academy

801 West Avenue B
Garland, Texas 75040
972-494-3096

The Learning Academy will accept a faxed copy of a "Well Statement" from your child's doctor.
Fax Number: 972-272-3473

Well Statement & Immunization Records

Name of Child: _____ Date of Birth: _____

I have examined the above named child within the past year and find that he/she is able to take part in The Learning Academy preschool program at FUMC Garland.

Physician Printed Name: _____

Physician Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Please attach a copy of child's up-to-date immunization records

or fax to 972-272-3473.

_____ *I am excluding my child from the immunization requirements for reasons of conscience, including a religious belief. I have attached an official notarized affidavit form developed and issued by the Department of State Health Services. I understand this affidavit is valid for 2 years.*

Hearing and Vision Form

All children who have turned 4 years old are required to have Hearing and Vision information on file. Please have your doctor complete this form or you may bring a signed copy from your doctor's office. A copy may also be faxed to 972-272-3473.

VISION	R 20/ _____	L 20/ _____	PASS	FAIL	
SIGNATURE _____		DATE _____			
HEARING	1000 Hz	2000 Hz	4000 Hz	PASS	FAIL
R					
L					
SIGNATURE _____		DATE _____			

**Ages 3 and under:

_____ *I will produce a Hearing and Vision Screening document from my child's physician once he/she turns four years of age.*