



ST. ELIZABETH
EARLY CHILDHOOD
DEVELOPMENT CENTER

1520 North Railroad Ave.
Pflugerville, TX 78660

Phone: (512) 251-9805

Fax: (512) 251-9868

Email: ecdc@stelizabethpf.org

HEALTH STATEMENT

The following information must be on file by the first day of school:

- A copy of your child's immunization record
- Vision and Hearing test results for all four-year-olds (As your child turns four during the school year, we will require hearing/vision records at that time.)
- A written statement from your physician stating that your child is physically able to participate in the St. Elizabeth Early Childhood Development Center program. They may use this form (see below) or one of their own.

Physician's Statement:

_____ (child's name) has been examined and I find that he/she is physically able to participate in the St. Elizabeth ECDC program. The child is current on all immunizations.

Physician's Printed Name

Phone Number

Physician's Signature

Date

Please return (bring/fax/email – see contact info above) to

St. Elizabeth ECDC, Attn: ECDC