



LIGHTHOUSE
EXPLORERS
A Christian Child Center
HEALTH CARE SUMMARY

Date of Enrollment: _____
NAME OF CHILD _____ Birth Date _____
ADDRESS _____ Telephone _____
PARENT(S) OR GUARDIAN _____

Date of last physical examination _____
How long have you been seeing this child? _____
How frequently do you see this child when he/she is not ill? _____
Is a modified diet necessary? _____ If so please attach a dietary plan

Does the child have any allergies? _____ If so please attach an Individual Care Plan

What is the status of the child's
Vision _____
Hearing _____
Speech _____

Does the child have health problems? _____ If so, please attach an Individual Care Plan

Is any condition present that might result in an emergency? _____

Phone _____
Name of Health Care Provider: _____
Address _____
Phone Number: _____ **Fax Number:** _____
Date _____

MS-2083

MUST BE COMPLETED BY HEALTH CARE SOURCE

PLEASE ATTACH A COPY OF THE CHILDS IMMUNIZATION RECORDS

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