

Knightdale Baptist Preschool

IMMUNIZATIONS

Parents please mail or fax this form to your child's pediatrician. Fill in your child's name and date of birth before forwarding to your child's doctor. They will need to sign and date it and mail or fax it to Knightdale Baptist Preschool as soon as possible. This information is due back to Knightdale Baptist Preschool no later than 2 weeks after the enrollment packet is turned in. **A CURRENT COPY OF YOUR CHILD'S IMMUNIZATION RECORDS MUST ACCOMPANY THIS FORM.**

To: Christi Boggs – Preschool Director

Child's Name: _____

Date of Birth: _____

RE: Immunization Records

I certify that the above named child is currently up to date on his/ her immunizations according to State Law and can attend preschool.

Doctor's Name: _____

Doctor's Signature: _____

Date of Signature: _____

PLEASE ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORDS

PLEASE RETURN THIS FORM AS SOON AS POSSIBLE TO:

FAX: 919.266.0984
ATTENTION: Christi Boggs - Preschool Director

MAIL: Knightdale Baptist Preschool
15 Main Street
Knightdale, NC 27545
ATTENTION: Christi Boggs – Preschool Director