



## DOCTOR'S STATEMENT FOR PARTICIPATION IN EARLY CHILDHOOD PROGRAM

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Date of Birth

I have examined the above named child within the past year and find that he/she is physically able to take part in Akiba Academy's Early Childhood Program.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date