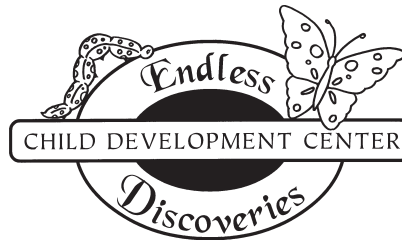


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Glen Rose, Texas 76043
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ALLERGIES, SPECIAL NEEDS & THERAPY REQUIREMENTS

My child, _____, has the following allergies, special needs
and therapy requirements: CHILD'S FULL NAME

Please provide details and proper documentation from a physician or your child's public school records.

ALLERGIES:

1. My child has the following allergies:

2. The proper procedure to follow in the event of an allergic reaction is:

SPECIAL NEEDS:

1. My child has the following special needs:

2. The following accommodations need to be made while my child is in care at Endless Discoveries Child Development Center:

THERAPISTS:

1. The following therapists may work with my child at Endless Discoveries:

2. Do you give permission for therapists to see your child without Endless Discoveries' supervision?

Parent's Signature

Date