



PRINCE OF  
PEACE  
PRESCHOOL

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Prince of Peace Preschool is requesting copies of Vision and Hearing screenings for all preschool children. All information collected by Prince of Peace Preschool will be held in strictest confidence.

Child's Full Name \_\_\_\_\_ Male \_\_\_ Female \_\_\_

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

Parent or Guardian's Full Name: \_\_\_\_\_  
Please Print

### Option 1:

I, \_\_\_\_\_, have attached a copy of \_\_\_\_\_  
(Please Print Name)  
screening (S) to Prince of Peace Preschool in which my child attends.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Option 2:

I, \_\_\_\_\_, will not be providing vision and/or  
(Please Print Name)  
hearing screening results to Prince of Peace Preschool at this time.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

### Option 3:

Vision and hearing assessments are included on my child's health form.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date