

GARDEN CITY NURSERY SCHOOL DENTAL HYGIENE INFORMATION

Dear Parents:

As you know, our nursery school is voluntarily registered with the New York State Education Department. As part of that registration, we need to provide the State Education Department with certain information, including information that pertains to your child's last dental check-up. Please take a moment to complete the bottom section of this form and return it by September 2017. The information provided will be kept in your child's confidential file. Thank you for your prompt attention to this request.

GARDEN CITY NURSERY SCHOOL DENTAL HEALTH FORM

Child's Name: _____ Date of Birth: ____/____/____

Address: _____ Sex: _____

Parent's Names: _____ Parent's Telephone: _____

Date of most recent Dental Exam and Cleaning: _____

Findings: _____ No Treatment is necessary

_____ Treatment is in progress

_____ Treatment is complete

Name of Dentist: _____ Phone: _____

Address: _____

Parent/Guardian Signature: _____ Date: _____