

Child's Name _____

Class _____

Plainview Nursery School

Dental Health Form

Dear Parents:

As you know, our nursery school program is voluntarily registered with the New York State Education Department. As part of that registration, we must provide the State Education Department with information that pertains to your child's dental health. It is a requirement of the New York State Education Department that all children, 3 to 5 years of age and enrolled in nursery school, must have a Dental examination.

Please have this form completed by your dentist and return it to us at the Orientation meeting or no later than the first day of school. If you do not return the completed form by the aforementioned date, your child will be denied access to our program.

Thank you for your prompt attention to this matter.

To the Dentist: Please complete the following -

Child's Name _____

Date of Birth _____

Date of Exam _____

- (Please check all that apply) 1. No treatment is necessary _____
- 2. Treatment advised and in progress _____
- 3. Treatment is completed _____

Dentist's Name and Address (printed)

Telephone Number _____

Dentist Signature

Date