

Mamaroneck Community Nursery School
School Year

Dental Hygiene Information

Dear Parents:

As you know, our nursery school needs to provide certain information to the State Education Department and the Board of Health 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 to me by **August 1st**. The information provided will be kept in your child's confidential file. If you have any questions or concerns, please feel free to contact me at (914) 381-2655.

Thank you for your prompt attention to this request.

Sincerely,

Lynda Merchant
Director



Mamaroneck Community Nursery School

Dental Hygiene Information

PLEASE PRINT CLEARLY

Child's Name _____ Date of Birth _____

Current Classroom _____

Date of most recent Dental Exam and Cleaning _____

Name of Dentist _____

Parent/Guardian Signature _____ Date _____