Mamaroneck Community Nursery School

School Year 2026-27 Dental

Hygiene Information

Dear Parents:

Our nursery school needs to provide certain information to NYS OCFS 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 the school. The information provided will be kept in your child's confidential file.

If your child has not been to the dentist yet, please have it filled out at their first visit and return it to us at school. Please Note: This form is NOT required for your child to start school.

Mamaroneck Community Nursery School

Dental Hygiene Information

PLEASE PRINT CLEARLY

Child's Name _____ Date of Birth _____

Date of most recent Dental Exam and Cleaning _____

Name of Dentist _____

Parent/Guardian Signature _____ Date _____

Please note that this form does not need to be signed by a Dentist