Mamaroneck Community Nursery School

School Year 2021-22

Dental Hygiene Information

Dear Parents:

As you may know, 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 you have any questions or concerns, please feel free to contact me at (914) 381-2655 or preschool@mcnschool.org.

Thank you for your prompt attention to this request.

Sincerely,
Melissa O'Halloran
Director

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