

# 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 July 1, 2020. The information provided will be kept in your child's confidential file. Thank you for your prompt attention to this request.

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## 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: \_\_\_\_\_