



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 need to provide the State Education Department with certain information, including information that pertains to your child's dental check-up. Please take a moment to complete the bottom section of this form. The information provided will be kept in your child's confidential file. If you have any questions or concerns, please contact Leslie Ziegler.

Thank you for your prompt attention to this request.

**Winton Road Nursery School  
Dental Hygiene Information**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Current Classroom: \_\_\_\_\_

Date of most recent Dental Exam and Cleaning: \_\_\_\_\_

Name of Dentist: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_