**SAMPLE
Please use this template to develop a form for dissemination to parents.**

**Name of School
Dental Exam Information
for Registered Nonpublic Nursery Schools and Kindergartens**

Dear Parents:

As you know, our preschool, nursery school, and/or kindergarten program(s) are 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 to me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Thank you for your prompt attention to this request.

 Sincerely,

 Educational Director

------------------------------------------------------------------------

**Name of School
Dental Exam Information**

Child's Name Date of Birth:

Current Classroom:

Date of most recent Dental Exam and Cleaning:

Name of Dentist:

Parent/Guardian Signature: Date:

**SAMPLE**