

ST. PETER'S NURSERY SCHOOL

DENTAL FORM 2018– 2019
For 3 and 4-year-old classes ONLY!
(Must be dated after April 1, 2018)

This form must be returned to the nursery preschool office by August 15, 2018

Your child will not be allowed to attend class until it is received.

Child's Name _____ Birthdate _____

Address _____

DATE of DENTAL EXAMINATION _____

(Name of Dentist)

(Address)

(Phone)

(Signature of Dentist)