

**ST. PETER'S NURSERY SCHOOL**

**DENTAL FORM 2020– 2021**  
**For 3 and 4-year-old classes ONLY!**  
(Must be dated after April 1, 2020)

This form must be returned to the nursery preschool office by August 15, 2020

**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)