

**ST. PETER'S NURSERY SCHOOL**

**DENTAL FORM 2017– 2018**  
**For 3 and 4-year-old classes ONLY!**  
(Must be dated after April 1, 2017)

This form must be returned to the nursery preschool office by the  
**FIRST DAY OF SCHOOL**  
Or 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)

For office use only:

Teacher: \_\_\_\_\_

Class: \_\_\_\_\_