

CHILD'S WORLD NURSERY SCHOOL
35 Middle Neck Road, Port Washington, NY 11050
516-883-4141

DENTAL RECORD – 2021-2022

Student Name: _____

Class: _____

The State of New York requires that each child have on record the name of his/her own dentist, to be contacted in case of a dental emergency.

Parents, please fill out this form and return to school or your child's teacher. Thank you for your prompt attention.

Dentist: _____

Address: _____

Phone: _____

Comments: _____

Parent Signature: _____

Date: _____