



2024 / 2025 School Year

Dental Examination Form

Lisa Wrona, Director
christclarionps@gmail.com

415 Thornell Road
Pittsford, NY 14534
Phone: (585) 381-5091

Dear Parents:

As you know, our preschool programs 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 your child's teacher by September 30th. The information provided will be kept in your child's confidential file. This form is optional for students enrolled in the two-year-old program. If you have any questions or concerns, please feel free to contact me at 381-5091 or by email at christclarionps@gmail.com.

Thank you for your prompt attention to this request.

Sincerely,

Lisa Wrona, Director

Christ Clarion Community Preschool Dental Exam Information

Child's Name		DOB	
Current Classroom			
Date of most recent Dental Exam and Cleaning			
Name of Dentist			
Dentist or Parent Signature		Date Signed	