

CENTERVILLE PRESCHOOL



Primary Village South

8388 Paragon Rd.
Centerville, Ohio 45458
937.312.1273
Fax: 937.312.1274

Primary Village North

6450 Marshall Rd.
Centerville, Ohio 45459
937.438.6062
Fax: 937.438.6076

Required Dental Check

The Ohio Department of Education's Early Learning Guidelines requires that each child have an annual dental check.

Name of Child: _____

Date of Dental Exam: _____

Signature of Dentist: _____

Name of Dentist: _____

Address of Dentist: _____

Phone: _____

If your child does not have a current signed dental form on file, please complete the following:

- My child is currently scheduled to see the dentist on _____.
I will return a signed form at that time. (Date)

Or

- I have been informed of the benefits and necessity of proper dental care and periodic check-ups. I am refusing to take my child at this time.

Signature of Parent or Guardian (only if refusing)

Date

Do you need help finding a Dentist?

Centerville Pediatric Dentistry – 937.586.7729
Wright Smiles Pediatric Dentistry – 937.885.2222