

# 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  
Bellbrook Pediatric Dentistry - 937.848.4848