



Good Shepherd Early Childhood Center

25 North Broadway
Irvington-on-Hudson, New York 10533
(914) 591-4104

Mandy.Landivinec@irvingtonpresbychurch.org

FOR SCHOOL YEAR: 2018-19 2019-20 2020-21 *circle one*

Dental Health Form

To be completed for all children 3 years of age and older.

Child's Name: _____ Date of Birth: _____

Date of Exam: _____

- € No treatment needed
- € Under treatment
- € Dental work complete

Dentist's Name: _____ (Please print)

Address: _____

Village/State/Zip: _____

Dentist's Signature: _____ Date: _____