

Medical/Dental Exam Letter



Date: _____

To the Parent or guardian of: _____

Thank you for your interest in our Early Learning Program. Because your child learns best when they are healthy, we ask that you please obtain a Well Child Exam and a Dental Exam.

Well Child Exam

If your child has not had a Well Child Exam within the past 12 months, please schedule an appointment with your child's health care provider as soon as possible.

If your child has had a Well Child Exam in the past 12 months, ask your child's provider to give you a copy of the most recent exam and include any treatment needed or immunizations given.

Dental Exam

If your child has not had a Dental Exam within the past 6 months, please schedule an appointment with your child's dentist as soon as possible.

If your child has had a Dental Exam in the past 6 months, ask your dentist to fill out the form, including treatment received or treatment needed.

Please let me know if you need help finding a doctor or dentist or if you need help accessing health insurance.

We look forward to seeing you at your Enrollment Appointment.

Sincerely,

Staff: _____

Center: _____ Phone: _____