

# Medical/Dental Exam Letter



To the parent or guardian of: \_\_\_\_\_ Date: \_\_\_\_\_

We're glad you are interested in our Early Learning Program. We want your child's experience to be positive. Because your child learns best when they are healthy, we ask that you please fill out the enclosed paperwork.

Bring the completed well child exam form and the dental exam form to your enrollment appointment.

Here are some helpful hints to help you complete these forms:

### Well Child Exam

If your child has not had a Well Child Exam within the past 12 months, 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, have your child's provider 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 then 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, have your dentist 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: \_\_\_\_\_