



DENTAL HEALTH NETWORK

Kern County Superintendent of Schools advocates for children

Dental Services Application

Contact Information

<u>Pre/Elementary School</u>	<u>Principal Name</u>
<u>Address (mailing)</u>	<u>School Phone #</u>
<u>Address (physical)</u>	<u>Principal Email</u>
<u>City/Zip</u>	<u>Person Completing This Form:</u>
<u>School Nurse/Health Clerk Name</u>	<u>School Nurse Email</u>
<u>School Nurse/Health Clerk Phone</u>	<u>Fax #</u>
<u>School Contact/Coordinator:</u>	<u>Phone #</u> <u>Email:</u>

Projected Enrollment in The 2020-2021 School Year

Preschool - # of children enrolled	___ am ___ pm	Classroom Hours -	_____ am - _____ pm
Kindergarten- # of children enrolled	___ am ___ pm	Classroom Hours -	_____ am - _____ pm

***If the same students are enrolled during the am & pm hours, please only list the total enrollment #

General Information

Is your school on a modified calendar? ___ Yes ___ No (If yes, please attach school schedule)

Will your school be receiving dental services from any other agencies? ___ Yes ___ No

Support

Do you have a room available for 3 days that can be used to provide dental services to the children ? ___Yes ___ No

Do you have a volunteer or staff person available to assist with escorting children to and from class? ___Yes ___ No

Completed Application

Please return this form via fax, email or US mail by **March 27, 2020** to:
 Kern County Children's Dental Health Network, ATTN: Diana Baltazar (dibaltazar@kern.org)
 1800 30th St., #230, Bakersfield, CA 93301
 Phone (661) 377-0325 Fax (661) 377-0329

