



Greenwich Nursery School

17 Greenwich Church Road
Stewartsville, NJ 08886
Phone 908.479.6886

Oral Health Care Policy

Child's Name: _____

I, _____, **do/ do not** grant Greenwich Nursery School permission to assist my child with brushing his/her teeth after snack. Parent must send in a toothbrush and toothpaste in a labeled Ziploc type bag that the student can keep in his/her snack bag.

Parent/Guardian Signature: _____

Print: _____ **Date:** _____