



## Dental Prevention Program 2016-2017 School Participation Form and Agreement

By returning this form you are stating that your school is interested in participating in the dental prevention program and that you understand implementation of the **Smile Smarts dental health curriculum** is required.

Date: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Principal's Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email: \_\_\_\_\_

Job Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Number of students: Pre K \_\_\_\_ K \_\_\_\_ 1<sup>st</sup> \_\_\_\_ 2<sup>nd</sup> \_\_\_\_ 3<sup>rd</sup> \_\_\_\_ 4<sup>th</sup> \_\_\_\_ 5<sup>th</sup> \_\_\_\_ 6<sup>th</sup> \_\_\_\_

\_\_\_\_ Number of total students at the school. \_\_\_\_ The grades that are presently enrolled in your school.

\_\_\_\_ Current Free and Reduced Lunch Percentage.

\_\_\_\_ Earliest time of day the dental program can begin.

**Are other dental mobile programs scheduling for your school? \_\_\_\_\_ If yes, when? \_\_\_\_\_**

**Please be aware we may not be able to service your school if outside groups are planned. Please call me to discuss further.**

**Please check which promotional activities that your school will do in order to reach and educate the parents about the oral health program available in your school:**

\_\_\_\_ Announcement of dental program on your website, facebook, twitter

\_\_\_\_ Include the dates on the school calendar for parents to see

\_\_\_\_ All calls or automatic emails to the parents

\_\_\_\_ Class/Grade/School Newsletters

\_\_\_\_ Distribution of reminders that the NKHD will provide both to parents and within the school

**School contact's signature here is an agreement to abide by the contents of the accompanying Agreement, including promotion of the program and decay follow-ups. This form is also an agreement by the NKHD to abide by the same contents:**

\_\_\_\_ Title: \_\_\_\_\_

**Please return this form by mail, email or fax to:**

Northern Kentucky Health Department

Linda.Poynter , RDH, BHS

610 Medical Village Drive

Edgewood, Kentucky 41017

Phone: 859.363.2035 Fax: 859.578.3689

[linda.poynter@nkyhealth.org](mailto:linda.poynter@nkyhealth.org)