

MEDICAL/DENTAL FORMS CHECKLIST

- _____ Make appointment with doctor and dentist.

 - _____ Before taking the medical and dental forms to the doctor, please complete the top portion of the form.

 - _____ Make sure you sign the forms where it says: "Parent/Guardian signature."

 - _____ Take forms with you to the doctor and dentist.

 - _____ Make sure the doctor or dentist fills out **EVERY LINE, SIGNS, AND DATES FORM** (or the form will be returned to you for completion.)
- ***** Registration is NOT Complete until Medical and Dental forms are returned to the Registration Office

Drop off completed forms at: **OR**
Early Childhood Registration Office
Souers Building
2800 – 13th Street, SW
Canton, Ohio 44710
Telephone: 330-580-3033
Fax: 330-580-3008

Mail completed forms to:
Early Childhood Registration Office
CCS Business Service Center
1312 Fifth ST, SW
Canton, OH 44707