



Moncton's Tooth Fairy Program

Application

Personal Information

Name: _____

Street Address: _____

City: _____ Postal Code: _____

Telephone (home): _____ (Cell): _____

E-mail Address: _____

Children and their ages: _____

Place(s) of Employment: _____

Yearly Family Income: _____

Dental Work Required:

Estimated Cost of Dental Work: \$ _____

Fee donated: \$ _____

Any other information you may want to add:

Referred By: _____

Signature: _____

Date: _____

Forward completed application to:

Michelle Comeau-Doucet, Administrative Assistant
Tooth Fairy Program
Moncton Headstart Inc.
1111 Mountain Road,
Moncton, NB E1C 2S9
Phone: 858-8252