

Child Registration

This information is held in confidence. Please answer all pertinent questions.

Child's Information

Child's Name: _____ Nickname: _____
Age: _____ Date of Birth: _____ Grade: _____
Address: _____ City: _____ Zip: _____
Primary Contact: Name _____ Phone Number _____

Parent's Information

Father's Name: _____
Address (If different than above): _____
Employer: _____ Occupation: _____ Phone: _____
Mother's Name: _____
Address (If different than above): _____
Employer: _____ Occupation: _____ Phone: _____
Any brothers or sisters? _____ Ages: _____

Dental Insurance

Please complete the following if you have dental insurance:

Who is responsible for this account? _____
Subscriber's Name: _____ Date of Birth: _____
Insurance Company: _____ Relationship to Patient: _____
Social Security # or ID #: _____ Group #: _____
Employer: _____
Parent/Guardian Signature: _____ Date: _____

Whom may we thank for referring you to this office?

Welcome to our office.

We are here to serve your dental health needs.

Please feel free to ask questions. We value your comments.