

REGISTRATION HISTORY CHILD

DATE _____

CHILD'S NAME _____ DATE OF BIRTH _____

NICK NAME _____

SCHOOL _____ GRADE _____

FATHER'S NAME _____ EMAIL _____ HOME PHONE _____ CELL _____

MOTHER'S NAME _____ EMAIL _____ HOME PHONE _____ CELL _____

STREETADDRESS _____ CITY _____ STATE _____ ZIP _____

STREETADDRESS _____ CITY _____ STATE _____ ZIP _____

(if different from father's)

FATHER EMPLOYED BY _____ PHONE _____

BUSINESS ADDRESS _____

PRESENT POSITION _____ HOW LONG HELD _____

MOTHER EMPLOYED BY _____ PHONE _____

BUSINESS ADDRESS _____

PRESENT POSITION _____ HOW LONG HELD _____

PURPOSE OF THIS APPOINTMENT _____

WHO WILL PAY THIS ACCOUNT _____

PARENTS' SOCIAL SECURITY NUMBER: MOTHER _____ FATHER _____

DO YOU HAVE INSURANCE THAT MAY COVER ANY PART OF OUR PROFESSIONAL SERVICE? YES _____ NO _____

IF SO, NAME OF COMPANY _____ POLICY NO. _____

DO YOU HAVE ANY ADDITIONAL DENTAL INSURANCE _____ COMPANY NAME _____

SUBSCRIBER'S NAME _____ POLICY NO. _____

(It is necessary that you provide claim forms for all professional services that may be eligible for insurance coverage).

OTHER CHILDREN IN FAMILY(name, age) _____

WHOM WE MAY THANK FOR REFERRING YOUR CHILD _____