

WELCOME KIDS

Child's Registration & History

Today's Date: _____

Child's Name: _____
 First Middle Last

Date of Birth: _____ Nickname: _____

Male Female Hobbies _____

Home Address: _____
 Street Address

City State Zip Code

Child's Home #: (____) _____ SS#: _____

School the child attends: _____ Grade _____

Who is accompanying the child today?

Name _____ Relation _____

Do you have legal custody of the child? Yes No

Whom may we thank for referring you?

Other siblings? _____

Prev. Dentist: _____

Last Visit Date: _____ Phone #: (____) _____

Person Responsible for the account: _____

Parent's Marital Status: Single Married
Partnered Widowed Divorced Separated

Father Step Father Guardian

Name: _____
 First Middle Last

Date of Birth: _____ SSN: _____

Address (if different from child's) Hm # (____) _____

Work #: (____) _____ Cell #: (____) _____

Email: _____

Employer: _____ How Long? _____

Employer's Address: _____

Mother Step Father Guardian

Name: _____
 First Middle Last

Date of Birth: _____ SSN: _____

Address (if different from child's) Hm # (____) _____

Work #: (____) _____ Cell #: (____) _____

Email: _____

Employer: _____ How Long? _____

Employer's Address: _____

Dental Insurance Company: _____ Group #: _____ ID#: _____

Address for Dental Claims: _____
 Street Address City State Zip Code