



**CHILD REGISTRATION**

Name \_\_\_\_\_ Nickname \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex  M  F  
Home Address of Child \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_ Lives With \_\_\_\_\_  
Names and Ages of Brothers and Sisters \_\_\_\_\_  
Pets or Hobbies \_\_\_\_\_  
Child's Medical Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Specialists \_\_\_\_\_ Phone Number \_\_\_\_\_  
Emergency Contact (other than parent/guardian)  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Relationship to Patient \_\_\_\_\_

**PARENT'S / GUARDIAN'S REGISTRATION**

**Father's** and/or Legal Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

**Mother's** and/or Legal Guardian's Name \_\_\_\_\_  
Address \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
Birthdate \_\_\_\_\_ Social Security Number \_\_\_\_\_

E-Mail Address \_\_\_\_\_  
How did you hear about our office? \_\_\_\_\_

**INSURANCE INFORMATION**

Primary Dental Insurance Company \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Policy ID or Social Security Number \_\_\_\_\_ Group Number \_\_\_\_\_

Secondary Dental Insurance Company \_\_\_\_\_  
Policy Holder's Name \_\_\_\_\_ Birthdate \_\_\_\_\_  
Policy ID or Social Security Number \_\_\_\_\_ Group Number \_\_\_\_\_