

GUARDIAN INFORMATION

Date Completed _____

Father's Name _____ **Date of Birth** _____ **Social Security #** _____

His address _____ Phone # _____
(STREET) (CITY) (STATE) (ZIP)

Where Employed _____ Phone # _____

Occupation _____

Mother's Name _____ **Date of Birth** _____ **Social Security #** _____

Her address _____ Phone # _____
(STREET) (CITY) (STATE) (ZIP)

Where Employed _____ Phone # _____

Occupation _____

What is the best way to reach you? Home Work _____ Cell phone _____

Email _____

DENTAL INSURANCE

Dental Insurance? YES NO If yes, more than one plan? _____

Name of Insurance Company _____

ID # _____ Group # _____

Name of policy holder _____

If dual coverage..Name of Secondary Insurance Company _____

ID # _____ Group # _____

Name of secondary policy holder _____

MEDICAL / DENTAL PROVIDERS

Child's Physician _____ Phone # _____

Physician's Address _____

Child's Former Dentist _____ Phone # _____

Dentist's Address _____ Date of last visit _____