

Today's Date _____

Child's Name _____

Address _____

Phone Number _____

Date of Birth _____

Mother's Name _____

Mother's SS# _____

Address if different from child _____

Phone number if different from child _____

Mother's place of employment _____

Present position _____

Phone number of employer _____

Father's Name _____

Father's SS# _____

Address if different from child _____

Phone number if different from child _____

Father's place of employment _____

Present position _____

Phone number of employer _____

Who will assume financial responsibility for this account? _____

Other family members in our practice _____

Name, address and phone number of someone not living with child to notify in case of an emergency

Whom may we thank for this referral? _____

I hereby give consent to the staff of **Fleetwood Dental** to perform what ever dental treatment deemed reasonably necessary.

Signature _____

(Parent or Guardian if minor)

CHILD REGISTRATION FORM