

CHILD REGISTRATION [REDACTED]

Child's name _____ Date _____

Birthdate _____ Sex: M / F Age _____

Nickname _____ Hobbies _____

Parent's name _____

Residence-street _____

City _____ State _____ Zip _____

School _____

Telephone: Residence _____ School _____

Father employed by _____

Present position _____ How long held _____

Mother employed by _____

Present position _____ How long held _____

Referred by _____

Who will pay this account _____

Purpose of call _____

Name of father's dental insurance co. _____

Policy number _____

Name of mother's dental insurance co. _____

Policy number _____

Parents' Social Security numbers: Father _____

Mother _____

Parents' birthdates: Father _____

Mother _____

Information For Emergency Treatment

Date of last medical examination _____

Does child have or has child ever had: Yes No

Anemia _____

Diabetes _____

Hepatitis _____

Allergies _____

 To penicillin _____

 To local anesthetic _____

Abnormal heart condition _____

Abnormal bleeding from a cut _____

Rheumatic fever _____

Heart murmur _____

Is your child under the care of a physician now _____

Is any medication being taken now _____

 If so, what _____

Other physical conditions _____

Name of physician _____

Telephone number _____

Information given by (signature) _____

Date	Service Rendered	Charge	Credit	Balance