



Child Registration Form

Due to the sensitive information on this form, please do not return via email. Please complete in advance and bring it with you at the time of your appointment.

Last Name _____ First Name _____ MI _____

Date _____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent(s) Name(s) _____

Primary Insurance

Person Responsible for Account _____ Relationship to Child _____

Social Security No. _____ Date of Birth _____

Address (if different from child) _____

Employer _____ Work Phone _____

Employer Address _____

Insurance Company _____

Insurance Address _____

Group # _____ Insurance Phone _____

Additional Insurance

Person Responsible for Account _____ Relationship to Child _____

Social Security No. _____ Date of Birth _____

Address (if different from child) _____

Employer _____ Work Phone _____

Employer Address _____

Insurance Company _____

Insurance Address _____

Group # _____ Insurance Phone _____