



Family Information

Parent/ Legal Guardian Name: _____ Relationship to Child: _____

DOB: _____ Email: _____ Phone number: _____ Cell / Work/ Home

Preferred Method of Contact: Phone / Email / Text

Parent/ Legal Guardian Name: _____ Relationship to Child: _____

DOB: _____ Email: _____ Phone number: _____ Cell / Work/ Home

Preferred Method of Contact: Phone / Email / Text

Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency Contact: _____ Phone number: _____

CHILD INFORMATION

Child Name: _____ **Date of Birth:** _____

What is your child's current gender identity? (Check ALL that apply)

Male Female Transgender Male/Transman/FTM Transgender Female/Transwoman/MTF Non-binary

Decline to answer

What pronouns do you prefer that we use when talking about your child? (Check all that apply)

She/her/hers He/him/his They/them/theirs other: Please specify: _____

For families with multiple children, please list each child's name, date of birth, gender identity and pronoun below.

Child's Legal Name: _____ Preferred Name : _____

Date of birth: _____ Gender Identity: _____ Pronoun: _____

Child's Legal Name: _____ Preferred Name: _____

Date of birth: _____ Gender Identity: _____ Pronoun: _____

Child's Legal Name: _____ Preferred Name: _____

Date of birth: _____ Gender Identity: _____ Pronoun: _____



INSURANCE INFORMATION

Do you have dental benefits you would like us to file for you? Y N

Insurance Name: _____

Member Name: _____ Member Date of Birth: _____

Employer: _____ Member Soc. Sec. #: _____

ID #: _____ Group # _____ Phone: _____ Address: _____

Payment for Treatment is due at time of Service unless other arrangements have been made. Thank you.

CONSENT FOR PHOTOGRAPHS

We love to take pictures of our patient's beautiful smiles and post them to our Instagram/Facebook page!

I give permission for Grins on Green Bay to photograph my child. Y N

I give permission for Grins on Green Bay to post my child's picture on social media (ie Facebook) Y N

Signature of Responsible Party: _____ Date: _____