



**FAMILY INFORMATION**

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone number: \_\_\_\_\_ Cell / Work/ Home Preferred Method of Contact: Phone / Email / Text  
Emergency Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

**CHILD INFORMATION**

Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Child Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**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!  
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: \_\_\_\_\_