Child Registration   Today's Date_____

Child's name_____Birth Date_____

Address_____

City_____State___Zip Code_____Phone #_____

Child's School_____

Emergency Contact Person_____Phone#_____

Father's Information

Name_____ Birth Date_____

Address_____

City_____State___Zip Code_____Phone #_____

Cell #_____ SSN#_____

Employer _____ Work Phone #_____

Father's Dental Insurance Co._____

Mother's Information

Name_____ Birth Date_____

Address_____

City_____State___Zip Code_____Phone #_____

Cell #_____ SSN#_____

Employer _____ Work Phone #_____

Mother's Dental Insurance Co._____

Responsible party after insurance payments:_____