



Welcome

Child Registration Form

105 North Park Lane * Mishicot, WI 54228 * Phone (920) 755-2336 * Fax (920) 755-4930

We are pleased to welcome you to our office. Please take a few minutes to fill out this form as completely as you can. If you have any questions we'll be glad to help you.

Child Information

Name: _____

Last *First* *Middle Initial* (*preferred name*)

Birth date: _____ SS# _____ Gender: M F

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Phone: _____

Last *First*

Father's Name: _____ Phone: _____

Last *First*

Who child resides with: Both Parents Mother Father Legal Guardian _____

Name

Primary Contact Name: _____

Preferred Method of Contact: Phone Text Email _____

Email Address

Are we able to contact both parents? _____

How did you hear about us? _____

(if someone referred you here, please write down their name so we can thank them)

Emergency Contact: _____

(please write name, phone, and relationship to child)

Primary Insurance

Name of Subscriber: _____ Employer Name: _____

Last *First* *Middle Initial*

Relationship to Patient: _____

Birth date of Subscriber _____ SS# of Subscriber _____

Name of Insurance Company: _____ Phone #: _____

Subscriber Id: _____ Group / Policy # _____ Group Name: _____

Secondary Insurance

Name of Subscriber: _____ Employer Name: _____

Last *First* *Middle Initial*

Relationship to Patient: _____

Birth date of Subscriber _____ SS# of Subscriber _____

Name of Insurance Company: _____ Phone #: _____

Subscriber Id: _____ Group / Policy # _____ Group Name: _____