

ARCADE – SPRINGVILLE DENTAL ARTS GROUP

CHILDREN'S ACCOUNT INFORMATION

CHILD'S NAME: \_\_\_\_\_

CHILD'S ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FATHER  
STEPFATHER  
GUARDIAN

MOTHER  
STEPMOTHER  
GUARDIAN

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

PHONE # \_\_\_\_\_ PHONE # \_\_\_\_\_

CELL # \_\_\_\_\_ CELL # \_\_\_\_\_

D.O.B: \_\_\_\_\_ D.O.B: \_\_\_\_\_

SOC. SEC. # \_\_\_\_\_ SOC. SEC. # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

EMPLOYER \_\_\_\_\_ EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

DENTAL INSURANCE \_\_\_\_\_ DENTAL INSURANCE: \_\_\_\_\_

ADDRESS \_\_\_\_\_ ADDRESS \_\_\_\_\_

WHO DOES IT COVER? \_\_\_\_\_ WHO DOES IT COVER? \_\_\_\_\_

GROUP # \_\_\_\_\_ GROUP # \_\_\_\_\_

\*\*\*\*\* OUR POLICY IS TO CHARGE \$25.00 FOR ALL MISSED APPOINTMENTS \*\*\*\*\*  
OUR POLICY FOR DIVORCED OR SEPARATED FAMILIES—THE PARENT BRINGING THE CHILD IN FOR  
TREATMENT IS FINANCIALLY RESPONSIBLE

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_