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CHILD REGISTRATION (PLEASE PRINT)

CHILD'S NAME _____ NICKNAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
AGE _____ BIRTHDATE _____ MALE FEMALE
SCHOOL _____ CURRENT GRADE _____

FATHER'S INFORMATION

NAME _____ BIRTHDATE _____
ADDRESS (if different from child) _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ OCCUPATION _____
WORK PHONE _____ SOCIAL SECURITY # _____

MOTHER'S INFORMATION

NAME _____ BIRTHDATE _____
ADDRESS (if different from child) _____
CITY _____ STATE _____ ZIP _____
HOME PHONE _____ CELL PHONE _____
EMPLOYER _____ OCCUPATION _____
WORK PHONE _____ SOCIAL SECURITY # _____

Person Financially Responsible _____
Relationship to Child _____

DENTAL INSURANCE INFORMATION

POLICY HOLDER'S NAME _____
ID NUMBER _____ GROUP NUMBER _____
DENTAL INSURANCE COMPANY _____
ADDRESS _____ PHONE _____

SECONDARY DENTAL INSURANCE INFORMATION (if applicable)

POLICY HOLDER'S NAME _____
ID NUMBER _____ GROUP NUMBER _____
DENTAL INSURANCE COMPANY _____
ADDRESS _____ PHONE _____