

Cedar Hills Dental Center10976 Cedar Lake Road
Minnetonka, MN 55305
(952) 544-2225**CHILD REGISTRATION****About Your Child**

Today's Date: _____

Name: _____ Nickname _____

Birth Date: ___/___/___ Age: _____ Male Female

Social Security # : _____ Person bringing child to appointments: _____

Home Address: _____

Phone: (home) _____ (cell) _____ (work) _____

Email Address: _____

Parent/Guardian Names: _____

First Employer: _____ Occupation: _____

Employer's Address: _____

Phone: (home) _____ (cell) _____ SSN: _____

Second Employer: _____ Occupation: _____

Employer's Address: _____

Phone: (home) _____ (cell) _____ SSN: _____

Other family members/friends seen at our office? _____

Who may we thank for referring you? _____

School Information

Where does your child attend school? _____

School Address: _____

City, State: _____ What grade/year? _____

Hobbies: _____

Primary Insurance CoverageDental Coverage: Yes No

Insurance Company Name: _____

Address: _____

Phone Number: _____ Group/Plan/Policy Number: _____

Policy Holder's Information

Name: _____ Birth Date: ___/___/___ Relation: _____

Employer: _____ SS#/ID Number: _____

Secondary Insurance CoverageDental Coverage: Yes No

Insurance Company Name: _____

Address: _____

Phone Number: _____ Group/Plan/Policy Number: _____

Policy Holder's Information

Name: _____ Birth Date: ___/___/___ Relation: _____

Employer: _____ ID Number: _____

Account

Who is responsible for your child's account? _____

Relationship child: _____ Do you have legal custody of this child? _____

Billing Address: _____

Employer: _____ Phone Number: _____

Driver's License Number: _____ Social Security Number: _____

In Case of Emergency

Who should we contact? _____

Relationship to you: _____

Phone: (home) _____ (work) _____ (cell) _____