



**SECTION I – STUDENT INFORMATION**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

**Please circle appropriate responses:**

**Child's Sex:** Male Female

**Race:** White/Caucasian, Black/African American, Asian, American Indian, American Indian, Native Hawaiian, Other Pacific Islander

**Ethnicity:** Non-Hispanic Hispanic Child's primary language is: \_\_\_\_\_

**SECTION 2 – DENTAL CARE**

Does your child have a dentist? Yes No If yes: Dentist's Name: \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Street Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Has your child had a dental exam in the past 6 months? Yes No Unsure Cleaning? Yes No Unsure

*\*Please note: Your child's dentist **will be** notified of the dental services provided through his/her participation in CDP*

**SECTION 3 – PROGRAM PARTICIPATION**

- I DO wish for my child to participate in the program (Please complete all 4 pages of the registration form)
- I would like to accompany my child to his/her visits; please contact me at (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (phone) to arrange an appointment time.

I DO NOT wish for my child to participate in the program.

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**If you do not want your child to participate, please do not continue to complete this form but return in the attached envelope to avoid further communication.**

**SECTION 4 – PARENT/GUARDIAN INFORMATION**

Mother's Name: \_\_\_\_\_ Phone # (\_\_\_\_)-\_\_\_\_\_(h) (\_\_\_\_)-\_\_\_\_\_(c) (\_\_\_\_)-\_\_\_\_\_(w)

Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone # (\_\_\_\_)-\_\_\_\_\_(h) (\_\_\_\_)-\_\_\_\_\_(c) (\_\_\_\_)-\_\_\_\_\_(w)

Email: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Phone # (\_\_\_\_)-\_\_\_\_\_(h) (\_\_\_\_)-\_\_\_\_\_(c) (\_\_\_\_)-\_\_\_\_\_(w)

Email: \_\_\_\_\_

