



CHILD

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Boy Girl

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_

My child is covered under the ID Smiles Program

YES MID# \_\_\_\_\_ NO

CHILD

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Boy Girl

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_

My child is covered under the ID Smiles Program

YES MID# \_\_\_\_\_ NO

CHILD

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Boy Girl

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives with \_\_\_\_\_

My child is covered under the ID Smiles Program

YES MID# \_\_\_\_\_ N

CHILD'S MOTHER

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Married (spouse) \_\_\_\_\_ Single

SSN or Driver License \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Dental Insurance Co \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Insurance Phone # \_\_\_\_\_

CHILD'S FATHER

Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Married (spouse) \_\_\_\_\_ Single

SSN or Driver License \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Employer \_\_\_\_\_

Dental Insurance Co \_\_\_\_\_

Group Number \_\_\_\_\_

Insurance ID# \_\_\_\_\_

Insurance Phone # \_\_\_\_\_