

**Parent/Legal Guardian Information**

**Who is Accompanying the Child Today?**

Name (last, first): \_\_\_\_\_ Relation to child: \_\_\_\_\_

Do you have legal custody of the child?   Y   N

**Mother's Information**

Name (last, first): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

Phone: (w) \_\_\_\_\_ ext: \_\_\_\_\_

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

Please check box if responsible for billing

**Father's Information**

Name (last, first): \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ SSN: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

Phone: (w) \_\_\_\_\_ ext: \_\_\_\_\_

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

Please check box if responsible for billing

**Address for Responsible Party**

(if different from child's)

Billing Address:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

**Insurance Information:**

Primary Insurance: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Group #: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**Policy Holder Information:**

(only complete address if different than responsible party's)

Policy Holder(name): \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

DOB (mm/dd/yyyy): \_\_\_\_\_ SSN: \_\_\_\_\_

**How Did You Hear About Us?**

(please circle one)

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Please specify if you selected magazine, friend or other: