

THE HOUSE OF SMILES 210/215 CAROLINA AVENUE MONCKS CORNER, SC 29461

Child's Information:

Name _____ Birthdate _____

Home Address _____

Telephone # (home) _____ (cellular) _____

PARENT INFORMATION

Mother _____ Telephone #'s _____

Address _____

Father _____ Telephone #'s _____

Address _____

.....
EMERGENCY CONTACT (EC) AND/or AUTHORIZED PICK-UPS (APU)

Name _____ Relationship _____

Telephone #'s _____

NAME _____ RELATIONSHIP _____

TELEPHONE #'s _____

.....
PHYSICIAN _____ TELEPHONE #'s _____

ALLERGIES _____

IMPORTANT INFORMATION _____

NAME _____ DATE _____

signature