Signature (Patient/Parent/Guardian)

Date

CHILDREN'S INFORMATION – PLEASE LIST ALL CHILDREN TO BE REGISTERED

CHILD'S LEGAL NAME:		DOB:	[] Male	Ethnicity & Race	e (Meaningful Use Data)
Last: First:			[] Female	[] Hispanic	
Preferred Language:			[] Other	[] Non-Hispani	C
[] English [] Spanish [] Other:				Race:	
CHILD'S LEGAL NAME:		DOB:	[] Male	Ethnicity & Race	e (Meaningful Use Data)
Last: First :		_	[] Female	[] Hispanic	. (
Preferred Language:			[] Other	[] Non-Hispani	r
[] English [] Spanish [] Other:			[] •		
CHILD'S LEGAL NAME:		DOB:	[] Male		e (Meaningful Use Data)
Last: First :			[] Female	[] Hispanic	
Preferred Language:			[] Other	[] Non-Hispani	C
[] English [] Spanish [] Other:				Race:	
CHILD'S LEGAL NAME:		DOB:	[] Male	Ethnicity & Race	(Meaningful Use Data)
Last: First :		_	[] Female	[] Hispanic	. (Wearington OSC Data)
Preferred Language:			[] Other	[] Non-Hispani	r.
[] English [] Spanish [] Other:			[] Other		
[] English [] Spanish [] Strict.				<u> </u>	
[1]		PARENT/GUARDI	AN INFORMA	ATION .	
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Name:					[] Home [] Cell
200					_ ,
DOB:					Email:
[] Father [] Mother [] Other :		Address:	Address:		Primary Phone #:
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		EMERGENO	Y CONTACTS		
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Printed Name