

# REGISTRATION

**THIS SECTION IS TO BE COMPLETED BY THE PERSON RESPONSIBLE FOR PAYMENT.**

**IF PATIENT IS A MINOR, THIS SHOULD BE COMPLETED BY PARENT/GUARDIAN.**

<b>FULL NAME:</b>		<b>SEX:</b>	<b>DATE OF BIRTH:</b>
<b>ADDRESS:</b>			
<b>HOME PHONE NUMBER:</b>	<b>CELL PHONE NUMBER:</b>	<b>WORK PHONE NUMBER:</b>	
<b>SOCIAL SECURITY NUMBER:</b>	<b>COUNTRY OF ORIGIN:</b>	<b>WHAT LANGUAGE(S) DO YOU SPEAK?</b>	<b>MARITAL STATUS:</b>
<b>DO YOU HAVE DENTAL INSURANCE/MEDICAID OR IN THE PROCESS OF ONE?</b>		<b>POLICY NUMBER:</b>	

**LIST ALL THE MEMBERS OF YOUR HOUSEHOLD. ANY CHILDREN OF THE AGE OF 18 AND OLDER SHOULD NOT BE INCLUDED IN THIS SECTION.**

<b>1.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>2.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>3.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>4.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>

<b>5.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>6.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>7.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>
<b>DOES THIS PERSON HAVE DENTAL INSURANCE/MEDICAID OR IS IN THE PROCESS OF GETTING ONE?</b>		<b>POLICY NUMBER:</b>
<b>8.- FULL NAME:</b>	<b>DATE OF BIRTH:</b>	<b>RELATIONSHIP:</b>

**PROVIDE INFORMATION OF THE CHILDREN WHO RECEIVE FREE LUNCH FROM THE LOUDOUN COUNTY PUBLIC SCHOOL**

<b>1.- FULL NAME</b>	<b>DATE ON WHICH THE LETTER WAS APPROVED</b>
<b>CURRENT ATTENDING GRADE</b>	
<b>2.- FULL NAME</b>	<b>DATE ON WHICH THE LETTER WAS APPROVED</b>
<b>CURRENT ATTENDING GRADE</b>	
<b>3.- FULL NAME</b>	<b>DATE ON WHICH THE LETTER WAS APPROVED</b>
<b>CURRENT ATTENDING GRADE</b>	
<b>4.- FULL NAME</b>	<b>DATE ON WHICH THE LETTER WAS APPROVED</b>
<b>CURRENT ATTENDING GRADE</b>	