



FAMILY REGISTRATION

THESE FORMS NEED TO BE FILLED OUT YEARLY

1

INFORMATION OF FATHER OR GUARDIAN:

GUARANTOR _____ CO-GUARANTOR _____

Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

DOB: _____ SSN: _____

Marital Status: () Single () Married () Divorced () Widowed

Do you have legal custody? () Yes () No

2

INFORMATION OF MOTHER OR GUARDIAN:

GUARANTOR _____ CO-GUARANTOR _____

Name: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Other Phone: _____ Email: _____

DOB: _____ SSN: _____

Marital Status: () Single () Married () Divorced () Widowed

Do you have legal custody? () Yes () No

3

INSURANCE INFORMATION

Primary Ins. Co.: _____ Ins. Address: _____

Employer Name: _____

Subscriber Name: _____ DOB: _____ Sex: M: _____ F: _____

Relationship: _____ Policy Number: _____ Group Number: _____

Secondary Ins. Co.: _____ Ins. Address: _____

Employer Name: _____

Subscriber Name: _____ DOB: _____ Sex: M: _____ F: _____

Relationship: _____ Policy Number: _____ Group Number: _____

It is our goal to help you receive your full insurance benefits. We will provide you with an estimate of what your plan should cover. You are responsible for co-pays and deductibles at the time of service. We will give your insurance 30 days to pay their portion. However, you are responsible for any amount that is not paid by your plan. **Initials** _____

4

HOW DID YOU HEAR ABOUT US:

() Referral - if yes, who: _____ () Phone Book- which one: _____

() Web - what site: _____ () School Program- which school: _____

() Other - Explain: _____

FAMILY REGISTRATION

1

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

2

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

3

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

4

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

5

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

6

Child's Name: _____
First: _____ Middle: _____ Last: _____ Preferred Name: _____
School: _____ Grade: _____ M ___ F ___ Age: _____ Birthdate: _____
SSN _____

AGREEMENT TO PAY: The undersigned accepts the fee charged as a lawful debt and promises to pay said fee including the cost of statement fee, collection, attorney fees, and court costs if necessary, waiving now and forever the right to claim exemption under the constitution and laws of the State of Alabama, or any other state.

Signature of Legal Guardian _____ Date _____