



Sunshine Pediatrics Registration Forms

(bold indicates required information)



Today's Date _____

****Please note: a driver's license from at least one parent will be required at the first visit****

Child's First _____ Middle _____ Last _____

Sex Male Female Date of Birth ____/____/____ Nickname _____

Address of Child's Primary Residence: _____
City _____ St _____ Zip _____

TELEPHONE NUMBERS

- Primary phone (#1) is the one to be used first for messages and reminder calls. This does not have to be the home phone.
- Please list phone numbers in the order to be called.

1. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other/Ext: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other: Name: _____ Rel: _____
2. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other/Ext: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other: Name: _____ Rel: _____
3. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other/Ext: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other: Name: _____ Rel: _____
4. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other/Ext: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other: Name: _____ Rel: _____
5. ()	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other/Ext: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Father	<input type="checkbox"/> Other: Name: _____ Rel: _____

**By providing us with your wireless or land line phone number, you are giving us your prior express consent to call those numbers for business purposes.*

PARENT / GUARDIAN INFORMATION

Mother's Full Name: _____ **Date of Birth** ____/____/____

Social Security # _____ - _____ - _____ **Relationship:** Mother Foster Legal Guardian Step Other:
Marital Status Married Divorced Separated Single Remarried Widowed

Address: Same as Child _____ **City** _____ **St** _____ **Zip** _____

Employer _____ **Phone:** () _____ **ext:** _____

Occupation: _____ **Email:** _____@_____

Father's Full Name: _____ **Date of Birth** ____/____/____

Social Security # _____ - _____ - _____ **Relationship:** Father Foster Legal Guardian Step Other:
Marital Status Married Divorced Separated Single Remarried Widowed

Address: Same as Child _____ **City** _____ **St** _____ **Zip** _____

Employer _____ **Phone:** () _____ **ext:** _____

Occupation: _____ **Email:** _____@_____

Step parents' name(s), if applicable: _____

Custodial parent, if applicable: _____

SIBLING INFORMATION

Child's Brothers' & Sisters' First Names	Last Names	Dates of Birth	Sex
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female
			<input type="checkbox"/> Male <input type="checkbox"/> Female

EMERGENCY / ALTERNATE CONTACT

Full Name _____ Address/City/Zip _____

Relationship _____ Ph# () _____ or () _____

FINANCIAL RESPONSIBILITY

Invoices/Statements should be mailed to Mother Father Other: _____ (must be listed above)

(Both parents or legal guardians are legally responsible for any charges regardless of where the statements are mailed)