

**2017 Give Kids a Smile Day – Registration Form**

**Please return by January 28, 2017 to**

**gksd@pccy.org or fax to 215-563-9442**

**CONTACT INFORMATION**

Dental Office Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best time to call: **\_\_\_\_\_\_\_\_\_\_\_\_\_**

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SCHEDULING INFORMATION**

1) What day or day(s) will you participate? (This is the week of spring break and kids are off of school).

 ­­­­­­­­­­­­­­­­\_\_\_\_\_ Monday, April 10

 \_\_\_\_\_ Tuesday, April 11

 \_\_\_\_\_ Wednesday, April 12

 \_\_\_\_\_ Thursday, April 13

 \_\_\_\_\_ Friday, April 14

2) How many children will you see?

***(With an average 25% Smile Day no show rate, we highly encourage over-booking).***

3) What age children will you treat?

Minimum age: **0 YEARS OLD**  Maximum age: **17 YEARS OLD**

***(Care for preschool age children and teenagers is particularly needed).***

4) First appointment time: \_\_\_\_\_\_\_\_\_\_\_Last appointment time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

5) How frequently should we appoint children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6) Will you shut down for lunch, and if so during what time? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7) What type of care will you provide? (check all that apply):

\_\_\_ Screening \_\_\_ Sealants

\_\_\_ Fluoride rinse or fluoride varnish \_\_\_ Restorative care

\_\_\_ Cleaning \_\_\_ Oral hygiene education

8) If any languages besides English are spoken at your office, please specify:

9) Would you be willing to have language interpreters volunteer at your office on Smile Day? (PCCY will recruit them). \_\_\_ Yes  **\_\_\_** No

10) What public transportation comes to/near your office (subway, bus #, trolley #)?

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11) What is the nearest major intersection and/or landmark for your office?

12) Do you accept:

Medical Assistance plans \_\_\_ Yes \_\_\_ No

CHIP plans \_\_\_ Yes \_\_\_ No

***Note: Dentists provide free care to all children on Smile Day, but we’d like to let families know what insurance programs you accept.***

***Is there anything else you’d like us to know?***

**NEXT STEPS**

* Email this form to Karianna Simpkins, PCCY Give Kids a Smile Day Coordinator at **gksd@pccy.org** or fax to 215-563-9442.
* PCCY will contact you soon to review this information.

***Thanks very much!***