

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):

- | | |
|---|---|
| <input type="checkbox"/> Screening | <input type="checkbox"/> Sealants |
| <input type="checkbox"/> Fluoride rinse or fluoride varnish | <input type="checkbox"/> Restorative care |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> 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 #)?

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!