



2019 Give Kids a Smile Day Participation Form

Please return to gksd@pccy.org or fax to 215-563-9442 by March 1, 2019.

CONTACT INFORMATION

Dental Office Name: _____

Contact Person's Name: _____

Email: _____

Address: _____

Phone Number: _____ Best time to call: _____

Fax Number: _____

SCHEDULING INFORMATION

1) What day(s) will you participate? This is the week of spring break, and kids do not have school.

- ____ Monday, April 15 (Delaware and Chester counties only)
- ____ Tuesday, April 16 (Delaware and Chester counties only)
- ____ Wednesday, April 17 (Delaware and Chester counties only)
- ____ Thursday, April 18
- ____ Friday, April 19
- ____ Saturday, April 20
- ____ Sunday, April 21 (Philadelphia and Montco counties only)
- ____ Monday, April 22 (Philadelphia and Montco counties only)

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: _____ Maximum age: _____
(Care for preschool age children and teenagers is particularly needed)

4) First appointment time? _____ Last appointment time? _____

5) How frequently should we appoint children? _____
(For example: 3 every hour, 1 every half hour, etc.)

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 any Medical Assistance plans (Yes ___ No ___)
or 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 Colleen McCauley, Give Kids a Smile Day Coordinator at gksd@pccy.org or fax to 215-563-9442.
- If you have any questions, feel free to email or call 215-563-5848 x21
- PCCY will contact you soon to review this information.

Thank you for participating in Give Kids a Smile!