



Parental Information Form –Confidential
Please fill out fully to the best of your knowledge.

1700 Burleigh Street • Yankton, SD 57078 • 605-260-9284

Parent/Guardian: _____
Last Name First Name Middle Initial

Address: _____
Street/ PO Box City State Zip Code

Gender: _____ Age _____ Date of Birth ____/____/____

Race: (Please Circle) Asian African American Caucasian Hispanic
Native American Other

Telephone: _____ Cell/Home/Work _____ Cell/Home/Work

Occupation: _____ Employer: _____

Relationship to client: _____ Is the child adopted? YES NO

Brothers, Sisters:

Name	Birthdate	Gender	Name	Birthdate	Gender
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_____			_____		
_____			_____		
_____			_____		
_____			_____		

Custody arrangements: _____

Others living in the home: _____

Insurance: If you have your card may we photocopy it for billing purposes?

___Blue Cross/Blue Shield ___Avera Health Plan ___Sanford Health Plan
___DakotaCare ___Medicaid ___Other _____

Name on Card: _____

Account Number: _____

Insurance Source: (Employer, Self) _____

Insurance Company Address: _____

Insurance Company Phone Number: _____

Other information: _____

Signature: _____ Date: _____