

## ATTENTION PARENTS!

- Does your child need a dental cleaning, and checkup?
- Is your child uninsured dentally?
- Are you a resident of Harnett County?
- Is your child between the ages of 1-13?

If you answered YES to all of the above, you and your children are invited to attend:



**Saturday, February 2, 2013**

**9:00am-3:00pm**

**Harnett County Commons Area**

309 W. Cornelius Harnett Blvd Lillington

This fun and **FREE** event offers dental & health services for uninsured\* children ages 1-13 years

Dental Exams • Cleanings • Sealants & Fluoride Treatments • Medical Screenings Nutrition and Oral Hygiene • Educational programs, **PLUS** Games, Prizes, Food & Fun for Parents and Children!

\*Children with Medicaid or NC-Healthchoice are not eligible for this event

**Pre-registration is Required, and EASY! There are several ways to register:**

- 1) Fill out and return this form to your child's school office- a full application will be sent to you.
- 2) Call 919-267-4211 to have an application sent to you.
- 3) Visit [www.HighHousePedo.com](http://www.HighHousePedo.com) or [Facebook.com/HarnettSmiles](https://www.facebook.com/HarnettSmiles) to get more information

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**Give Harnett Kids a Smile** is a partnership with High House Pediatric Dentistry, Dentalworks Pediatric Dentistry of Fayetteville, Campbell University Public Health and Physician Assistant Program, Central Carolina Community College, NC Oral Health Section and the Harnett County Health Department.



# GIVE HARNETT KIDS A SMILE – REGISTRATION FORM

Please fill out all information on this form, and return it to the front office at your child's school. A staff member will contact you to give you more information and to schedule your appointment. Thanks for your interest!

**YES! I would like my children to receive free health and dental screenings and services at the Give Harnett Kids a Smile 2013 event!**

Please initial below to certify the following:

\_\_\_ I certify that my children and I reside in Harnett County, North Carolina

\_\_\_ I certify that my children are NOT covered by any dental insurance plan, including Medicaid or NC Healthchoice.

Parent Name: _____
Address _____ City _____ State <b>NC</b> Zip _____
Daytime Phone: _____ Evening Phone: _____
Email: _____

List the name, age and gender of each child you would like to register:

NAME	Age	Gender
1. _____	_____	___M ___F
2. _____	_____	___M ___F
3. _____	_____	___M ___F
4. _____	_____	___M ___F
5. _____	_____	___M ___F

Thank you! Please return this form to the front office of your child's school - our staff will mail you the supplemental application packet, and information about your child's appointment. Applications are processed on a first-come, first-serve basis - make sure to get yours in early!