Give Kids a Smile

Saturday, February 21, 2015
9:00am-4:30pm

East Carolina University School of Dental Medicine
Community Service Learning Center
80 Autumn Fern Trail • Lillington

This is a **FREE** event for **Uninsured Children**
Ages 1-13 years

Dental Exams • Cleanings • Sealants • Fluoride Treatments
• Oral Hygiene • Health screenings

Games • Prizes & Fun

_Dentists and other team members volunteer their time, and services, to provide dental screenings, health education and treatments. This program is provided by East Carolina University School of Dental Medicine, Campbell University, & Harnett County Health Department_

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**Pre-registration is required** and EASY!

1. Complete and return the registration form to your child’s school office
   or

2. Mail your registration form to:
   East Carolina University School of Dental Medicine
   Community Service Learning Center
   80 Autumn Fern Trail • Lillington, NC 27546

For more information please call: **910-814-4191**
visit our Facebook page:  https://www.facebook.com/events/372037669632906

_Give Kids a Smile_ is sponsored by: East Carolina University School of Dental Medicine
Campbell University, & Harnett County Health Department
Registration form

Please fill out all information on this form, and return it to the front office at your child’s school, or mail it back to the address below.

A staff member will contact you to schedule your appointment. *A parent or guardian must accompany the child.

Please initial below to certify the following:
__ I certify that my children and I reside in Harnett County
__ I certify that my children are NOT covered by any private dental insurance plan
___ My children are NOT covered by any dental insurance plan
___ My children are covered by Medicaid or NC Health choice.

Parent Name: ________________________________________________________________
Address ____________________________ City__________ State NC Zip_______
Daytime Phone: ___________________ Evening Phone: ____________________
Email: ________________________________

Complete the chart below for each child you would like to register

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Gender</th>
<th>Date of last Dental Visit</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>M/F</td>
<td></td>
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<tr>
<td>2.</td>
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<td>3.</td>
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<tr>
<td>5.</td>
<td></td>
<td>M/F</td>
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</tr>
</tbody>
</table>

Registration Deadline: **February 1, 2015.** Applications and appointments are processed on a first-come, first-serve basis make sure to return your completed form early:

Complete and return the registration form to your child's school office or Mail your registration form to: East Carolina University School of Dental Medicine Community Service Learning Center 80 Autumn Fern Trail • Lillington, NC 27546

**Thank you!**

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