



Rising Star Club Application



Applicant's name: _____ Today's Date: _____

Birthdate: _____ Phone #: _____

Address: _____

Parent's Email: _____

Family members who come here: _____

Do you brush your teeth? Yes No

What is your favorite color? _____

What do you want to be when you grow up? _____

Applicant's signature: _____

Thank you for applying. You will hear from us within a few weeks.

For office use only

- ___ take pic with clapboard
- ___ enter in Edge as sibling
- ___ scan this sheet to RP corr history
- ___ upload photo to this patient's profile
- ___ print welcome letter
- ___ make membership card
- ___ mail letter and card

