



## Discovery Time Preschool

A time to learn, share & discover.

### Medical/Dental Insurance

\_\_\_\_\_

(Student first, middle, last name)

\_\_\_\_\_

(Date of birth)

Do you have private health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, name the provider \_\_\_\_\_

\_\_\_\_\_ I do not have private insurance, but I have Hawk-i or Government Assisted Insurance.

\_\_\_\_\_ No, I do not currently have a health insurance for my child.

**Discovery Time Preschool is required to have a copy of your child's medical insurance card on file. Please attach a copy (front and back) of your student's medical insurance card.**

Do you have dental insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ I do not have private insurance, but I have Hawk-i or Government Assisted Insurance.

\_\_\_\_\_ No, I do not currently have a health insurance for my child.

**Discovery Time Preschool is required to have a copy of your child's dental insurance card on file. Please attach a copy (front and back) of your student's dental insurance card.**

If you do not have insurance for your child, information can be provided to you that will explain options for free health insurance for children.