Peter Pan

y Sus Amigos Preschool

Form 9

HEALTH INSURANCE INFORMATION

Name of Company _____Policy#_____

Group #_____

Hospital preference: Grand River Health (this is our only option)

Please attach a copy of your health insurance card to this form. If necessary, copy the front and back of your card.

I understand that any and all medical or dental expenses incurred for treatment, diagnosis or transportation of my child, _____ will be a parent's full responsibility.

_____ _____
(Parent Signature) (Date)

_____ _____
(Parent Signature) (Date)

**For annual renewal purposes only: I certify that I have reviewed this information and there are no changes.*

_____ _____
(Parent Signature) (Date)