



The Sensational Child

Lafayette Mill Complex
650 Ten Rod Road
N. Kingstown, RI
401-667-2797

Client's name _____
(Last) (First) (MI)

Date of Birth: ___/___/___

Phone: Home () _____ - _____ Work () _____ - _____ Cell () _____ - _____

Address: _____

Parent's Name: _____
(Last) (First) (MI)

Email Address: _____

Medicaid ID Number: _____

Child's Diagnosis: _____

Diapers
Type: _____

Size: _____ Approximate Monthly Quantity: _____

Are Changing Pads Needed? Yes _____ No _____

Doctor: _____
(Name) (Practice)

(Address)

(Phone) (Fax)

By signing this form I acknowledge The Sensational Child as my vendor of choice:

Signature: _____