



FORT WAYNE PEDIATRICS  
PORTAL REGISTRATION

**Parent:**

Parent Email Address: \_\_\_\_\_

Parent First Name: \_\_\_\_\_ Parent Last Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

**Children:**

Name	Date of Birth	Relationship (child, step-child, grandchild)	Who is financially responsible	Display Balance

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

See Terms and Conditions at <https://fwp.pcc.com/portal/session/terms>

Entered by \_\_\_\_\_

Date Entered \_\_\_\_\_