



## SUMMER PROGRAM APPLICATION

### PERSONAL INFORMATION

**Childs Name** :

**Parents Name** :

**Date Of Birth** : \_\_\_\_\_ **Gender** :  Male  Female

**Address** : \_\_\_\_\_

**Phone Number** : \_\_\_\_\_ **E-Mail** : \_\_\_\_\_

**Primary Insurance** : \_\_\_\_\_ **Insurance Number** : \_\_\_\_\_

**Medicaid Number** : \_\_\_\_\_

**Current Services** :  PT  OT  ST

**Additional contact numbers** : \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

**Contact Name** : \_\_\_\_\_ **Home Number** : \_\_\_\_\_

**Relationship** : \_\_\_\_\_ **Mobile Number** : \_\_\_\_\_

Please submit a copy of your insurance cards, current IEP/504 and current therapy evaluations!

#### More Information :

📍 3148 HWY 367 South, Cabot, AR 72023

☎ (501) 941-3500 (Office)

☎ (501) 246-7919 (Fax)

✉ aprilboliou@mykidsunlimited.com

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**Parent Signature**