



Searcy

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 :

📍 502 East Race Ave, Searcy, AR 72143

📞 (501) 268-3400 (Office)

📞 (501) 613-0855 (Fax)

✉️ krislabonne@mykidsunlimited.com

Parent Signature

Please return completed application & required paperwork by Friday, May 9th.