



REGISTRATION

“Give Me a SMILE” Website page

Please complete this registration for your child to be featured on the “Give Me a S.M.I.L.E.” fundraising page. “Give Me a S.M.I.L.E.” works best when shared with friends, family, and community. Your earliest donors will help to share your campaign with others!

Child’s first and last name: _____

Parent/guardian name(s): _____

Address: _____

City/State/Zip: _____

Phone number: _____

Email address: _____

Child’s date of birth: _____

height: _____

weight: _____

Description of mobility challenges: _____

Will the car require modifications? (i.e. disabling foot pedal, add "go" button to steering wheel, etc.)_____

Name of child's OT, PT, or referring physician:_____

Address:_____

City/State/Zip:_____

Phone number:_____

Email address:_____

Tell us a little about your child's interests, what makes them laugh, their favorite superhero or character, etc.

How do you hope a car will benefit your child?_____

Please complete this **Registration, HIPAA Authorization Form**, and **Modified Car Agreement**. Email these forms and a picture of your child to dawn@smile-center.org or mail to:

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