



REGISTRATION and Request for Financial Assistance

Please complete this registration for your child to be considered for financial assistance to purchase a SUPERtrax® kids' ride-on car for modification.

Child's first and last name: _____

Parent/guardian name(s): _____

Address: _____

City/State/Zip: _____

Phone number: _____ Email: _____

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? _____

Four models of SUPERtrax® kids' ride-on cars are offered through SMILE

SUPERtrax® Mercedes G63 6x6 (parent ride-on) - \$700

SUPERtrax® Ford Focus - \$625

SUPERtrax® Warrior - \$625

SUPERtrax® Offroad - \$625

Price **includes** shipping (more than 55 miles from Lincoln, NE) and some modifications* if needed.

For families living within 55 miles of Lincoln, NE, price **includes** assembly, delivery, and some modifications* if needed.

Amount of financial assistance requested: \$ _____

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:

Dawn Sebek, Executive Director

SMILE Center

2020 SW 5th Street

Lincoln, NE 68522

402.477.0541

*Call or email for modifications included