

ENROLLMENT FORM FOR



**GREATER ATLANTA SPEECH AND LANGUAGE CLINICS, INC.'S
HIPPO THERAPY PROGRAM**

Yes, I do wish to enroll my child in the hippotherapy program through GASLC, Inc. Please put us on your waiting list.

No, we are no longer interested in hippotherapy through GASLC, Inc. Please remove our name from your list.

Child's Name: _____ DOB: _____

Parent's Name: _____

Address & Phone #: _____

Child's diagnosis or brief description of problem: _____

Services Requested: Speech Therapy, Physical Therapy _____

Date of Last Evaluation for above Services Requested and Where: _____

Insurance Company (if Medicaid state if Deeming, SSI, Peachstate, Amerigroup, or Wellcare) _____

Insurance/Medicaid ID# _____

Phone Number for Customer Service _____

Name and Date of Birth of Primary Insured: _____

As soon as this form is received in our office, we will place you on our waiting list. **Please be aware that there may be a waiting list and that we may not be able to accommodate your exact time slot request.** Also, remember that all the information specified in the Guidelines & Procedures must be received before your child can begin participation in either program.