

Application for the WSU GoBabyGo! Program

This application is to be completed by the parents/guardians of a prospective child. This program serves children birth - 5 years old.

The WSU GoBabyGo! program modifies off-the-shelf ride-on toy cars for children with disabilities. The cars are provided at no cost to the family.

When a child is accepted into the program parents will need to sign a waiver and photography release before building begins. In addition, the GoBabyGo team will need to meet with you and your child at least two (2) times: once to measure your child for the car and once to deliver the car and make any necessary modifications.

* Required

1. Email address *

Wichita State University GoBabyGo!



Tell us about your child!

2. Child's name (first last): *

3. Child's birthdate (MM/DD/YYYY): *

4. Child's height (in) and weight (lbs): *

5. Nature of child's disability/diagnosis: *

6. What are your child's favorite colors? Characters?

7. Do you have any concerns about your child's vision? If yes please explain:

8. Tell us about sitting for your child. Can your child sit independently? Hold head up in supported sitting?

Untitled Section

9. Does your child reach for toys?

10. Where do you see your child using a WSU GoBabyGo car (home, sidewalks, park, etc.)? *

11. How does your child move around his or her environment now? *

12. What equipment does your child use (braces, ventilator, etc.)? *

Parent/Guardian Name & Contact Information

13. Name (first last): *

14. Phone number:

15. Address:

16. Will you be able to take care of a WSU GoBabyGo car by recharging the battery and storing it in a safe place when not in use? *

Mark only one oval.

- Yes
- No
- Maybe

17. How did you hear about the WSU GoBabyGo Program?

Mark only one oval.

- Therapist
- Facebook
- Local News Station
- Website
- Friend
- Other: _____

Therapist Information

18. Name a therapist or clinic your child works with currently (special education program, OT, PT, etc.)? *

19. Who of the above can help provide information about specific mobility needs/challenges of your child? *

20. Contact information of therapist or clinic: *

Submit Application

21. Name of person submitting this application: *

22. Your relationship to child: *

23. By submitting this application I give permission for WSU GoBabyGo to contact the therapists/service providers listed. This will help WSU GoBabyGo customize the car for my child.

Check all that apply.

I Agree

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