

THERAPEUTIC PROGRAM INTAKE & REGISTRATION - 2021

| Rider/Handler's name: | | Birthdate: |
|--|--|--|
| Name of Parent/Guardian: | | |
| Best contact phone (including | g text notifications): | |
| Mailing Address: | | |
| Email (required for admin and | group notifications): | |
| Emergency contact other tha | n parent: | |
| Main phone: | Alt. Phone: | |
| | int medical information: | |
| Doctor: | Health Numbe | er: |
| Horse Council Membership#? (Recommended for all. Mandat | ory for Lifers, Interns, and horse owr | ners) <u>www.hcbc.ca</u> |
| Which program(s) are you reg | istering for? | |
| Spring Session Therapeutic Riding Adapted Horsemanship Barn Kids (COVID dependant) Barn Buddies (BI) Spring Break Camp (March 23, 24, 25) April 19 th Pro D Day | Summer Session Therapeutic Riding Adapted Horsemanship Barn Kids (COVID dependant) Barn Buddies (BI) July 13,14,15 Camp 1 July 20,21,22 Camp 2 Aug 10,11,12 Camp 3 Aug 18,19, 20 Camp 4 | Fall Session Therapeutic Riding Adapted Horsemanship Barn Kids (COVID dependant) Barn Buddies (BI) Pro D Day (date TBA) |



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| What learning goals, skills, development milestones, or horse related wishes would your child like to share with us and work towards? | | |
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| What other relevant services, programs, or activities does your child participate in? – It may be beneficial to consult with other practitioners and integrate learning goals at your request. | | |
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| How did you hear about us? | | |
| Any additional questions or comments? | | |
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| OFFICE USE ONLY: | | |
| Intake date: Start date: | | |
| Doctor Letter Required? Y / N received: | | |
| Registration Checklist: | | |
| Signed Waiver Received Completed Request to Pay Service Provider or Billing Authorization Received If no AFU funding, pre-payment received for upcoming session Confirmation email sent Data entered in quickbooks and contacts Lesson Log and file started | | |