



## Enrollment Application

Rider's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone (     ) \_\_\_\_\_

Mother: \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Father: \_\_\_\_\_ Email \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone (     ) \_\_\_\_\_ Cell Phone (     ) \_\_\_\_\_

Disability \_\_\_\_\_

Other Therapies \_\_\_\_\_

Date of Birth \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Student Goals \_\_\_\_\_

*List what you hope to gain from the program (i.e. improved communication, core physical strength, confidence, following directions, etc.)*

How did you hear about us / referred by \_\_\_\_\_

Physician's Name and Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (     ) \_\_\_\_\_

**Able to pay \$50 per session fee**       **Request financial assistance**

Schedule - days / times able to attend sessions: **Check the all the days and times available.**

Tuesday	Wednesday	Thursday	Saturday	
2:20	2:20	2:20	8:30	1:45
2:55	2:55	2:55	9:05	2:20
3:30	3:30	3:30	9:40	2:55
4:05	4:05	4:05	10:15	3:30
4:40	4:40	4:40	10:50	
5:15	5:15	5:15	11:25	
5:50	5:50	5:50	12:00	
6:25	6:25	6:25	12:35	
			1:10	

I would like to enroll \_\_\_\_\_ as a student at Tara's Chance and I have discussed this with the student's doctor. Instruction will be under strict supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Tara's Chance or any persons involved (employees or volunteers). If application is accepted, you will be contacted to schedule an in-person evaluation.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature (if over 21) \_\_\_\_\_ Date \_\_\_\_\_

## Waitlist Policy

1. After completing this form and submitting it to [office@taraschance.org](mailto:office@taraschance.org) you will be added to the waitlist.
2. When your child is at the top of the waitlist you will receive an email from [office@taraschance.org](mailto:office@taraschance.org) and a phone call from our staff to complete a rider update form, liability release form, and Tara's Chance policy form.
  - **You will have 7 days to return our email or phone call** or we will move to our next rider on the waitlist. If this happens you will remain at the top of the list and we will attempt to contact you again when your child is at the top of the list. If we are not contacted after trying to reach you 4 times, you will be removed from our waitlist.
3. **You must return all completed forms to [office@taraschance.org](mailto:office@taraschance.org) within 10 days** of our original email and phone call or we will move to the next rider on the waitlist. We will attempt to contact you to remind you.
4. After receiving all completed forms, we will call or email you to schedule an evaluation ride for your child.
5. If our program director approves of the evaluation ride, we have accepted 98% of all evaluation riders and work with high special needs children, we will schedule a reoccurring weekly time that works for your child in our program.
6. You will then begin riding on a weekly basis and emailed an invoice for the riding quarter.