

FULFILLING CONNECTIONS
DAY CAMP REGISTRATION FORM
PREFERRED WEEK (Based on availability):

DATE OF SESSION: _____

CHILD'S NAME: _____

AGE: _____ BIRTHDATE: _____

*NOTE NO PRIOR HORSE KNOWLEDGE IS NECESSARY. PLEASE DESCRIBE PRIOR KNOWLEDGE OF HORSES, IF ANY:

PARENT'S NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____

ZIP: _____ TELEPHONE: _____ CELL/PAGER: _____

*PLEASE NOTE: CHILDREN MUST BE PICKED UP AND LEAVE AT THE END OF THE SESSION. A LATE FEE OF \$5.00 FOR EVERY ADDITIONAL 15 MINUTES BEYOND CLOSING TIME WILL BE COLLECTED.

*IN CASE OF EMERGENCY OR ILLNESS: PARENTS WILL BE NOTIFIED AND MUST BE READILY AVAILABLE IF NECESSARY. WE RESERVE THE RIGHT TO DETERMINE IF A CHILD IS TOO ILL OR OTHERWISE UNABLE TO REMAIN IN THE PROGRAM.

*PLEASE INFORM US OF ANY HEALTH PROBLEMS, ALLERGIES, OR OTHER INFORMATION WE SHOULD KNOW.

PARENT'S SIGNATURE _____

PERSONS AUTHORIZED TO PICK UP CHILD: _____