



HorsePower at Heavenward Farm
Registration Information

Name _____ D.O.B. ___/___/___ Grade _____

Address _____

Street # City State Zip
Telephone () () ()
Parent/Guardian's Cellular Home or 2nd Parent # Participant Cell #

Email: _____

Child Resides with: Mother Father Both Parents Relative _____ Foster Family

Parent/Guardian Name (s): _____

Parents' Occupations: _____
Father Employer Mother Employer

Family Income: (Include Child Support, Disability, Step-Parent's Income) _____/yr.

of Children at Home _____ Referred by: _____, _____
Name (Agency or Organization)

Does Child Have.... [Please Check those that apply and identify/describe]

- Learning delays
Situational Problems (Unstable family or housing, High-risk Neighborhood, Financial Struggles)
A mental/emotional Disorder (ADHD, depression, anxiety)
Take medication? If so, what?
Social Difficulties (Ex: Extremely Shy, Lacks Social Skills, Can't keep friends, picks wrong crowds)
Behavioral Issues (Ex: Fighting, meltdowns, skipping school, refusal to do schoolwork)
History of Neglect or Abuse (Physical or Sexual)

Does Participant have transportation to Heavenward Farm and Horsemanship? _____ Who? _____

Is Parent/Guardian and/or referral source willing to complete a Pre-and Post-Program survey? _____

I would like my child to participate in the HorsePower program in the upcoming Season _____ 20____ and I understand that this opportunity requires a commitment to consistent attendance and participation.

Parent/Guardian Signature: _____/_____