



HorsePower at Heavenward Farm



Participant Registration

Name _____ Age _____ D.O.B. _____

Address _____
Street Apt.# City State Zip Code

Telephone _____
Parent/Guardian Mobile Home # Child Cellular

Email: _____

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

Parents' Occupation(s): _____
Father (Employer) Mother (Employer)

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

of Children in family at home: _____

Referred by? _____ Agency _____

Address _____ Phone _____

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? _____

Social Difficulties _____
(Ex: Extremely Shy, Lacks Social Skills, Can't Keep Friends, Picks Wrong Crowd, etc.)

Behavioral Issues _____
(Ex: Fighting, meltdowns, skipping school, refusal to do schoolwork, defiance to rules)

Past Abuse (Physical or Sexual) _____

Can participant get transportation to HorsePower site? _____

Is Parent and/or referral source willing to complete a pre- and post-program survey? _____

Parent/Guardian Name(s) _____

Parent/Guardian Signature _____ Date ____/____/____