

**The D.O.V.E.S Guidance Program
Registration Application Form**

Date: _____ Fall Session

A \$50 donation per child is suggested but not required to participate

Name(s) of Parent(s): _____

Address: _____

City/Town: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Parent's Occupation

Father's: _____

Mother's: _____

Is your child currently taking riding lessons? [] Yes [] No If yes where? _____

Do any of the below descriptions apply to your child or family? Circle those that apply:

Low income Single Parent Family diagnosed behavior issues Physical or learning issues
Social issues Foster/adopted child Blended Family

Other please explain:

Child(ren) Names & Ages Participating in the program

Name: _____ Age: _____

Name: _____ Age: _____

Schools your children attend: _____

Please turn over and continue.....

