



Enrollment Application

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 \$30 per session fee Request financial assistance

Schedule - days / times able to attend sessions _____

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, Inc. 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 _____

Notes: