

Fall 2026 Registration

Hello Parents and Guardians!

We're thrilled to kick off our Fall program on the farm!

Please take a moment to complete the registration form **in full**.

PLEASE DO NOT SUBMIT THIS FORM UNTIL August 17, 2026.

Once you hit **submit**, your registration will be finalized and **cannot be edited**.
You'll receive a confirmation email with all of your submitted information.

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* Indicates required question

1. Email *

Fall Session Information

- The Fall program runs from September 8 - November 20, 2026
- Closure Dates (NO SESSIONS ON THESE DAYS):

September 28

October 8

November 5 & 6

Mark your calenders for Family Fun Day on November 7th!

Payment Policy

***You must be up to date on session payments from the previous program to be considered for this program.**

Session cost is \$50 per session/per child. Session payments will be paid monthly in advance of services. For your convenience, payments may be made by cash, check or credit/debit card or through the parent page on our website.

The number of sessions for the month is based on your weekly or biweekly session schedule and is regardless of weather or client cancellations.

Therefore, session payments are ***due in full by the 5th of each month.***

Important Information

- It is important to note that new seasons bring different weather challenges. Please ensure that your participant is dressed appropriately for the weather forecasted for their session time. Reference our Participant Guidelines and Inclement Weather/Cancellation Policy both contained within our Welcome Packet for details.
- If you are a new client, you will need to attend a consultation visit prior to the start of your scheduled session.
- A Cooper Ridge Representative will contact you directly to confirm that your registration has been received and scheduled.

2. Please select that you have read and agree to the guidelines and policies stated above.

*

⌵ Dropdown

Mark only one oval.

☐ I agree

Participant Information

Please fill out the following information for the participant being registered

3. Participant's Full Name *

4. Participant's Age/DOB *

5. New or Returning Client *

Mark only one oval.

☐ New Client

☐ Returning Client

Parent/Guardian Information

6. Parent/Guardian's Full Name *

7. Address *

(Street Name, City, State, Zip Code)

8. Home or Cell Phone Number *

9. Alternate Phone Number

10. Additional Contact (Name/Phone Number)

Session Schedule

Please select your preferred session options

11. Occurrence of Sessions^{*}

Mark only one oval.

☐ Weekly

☐ Bi-Weekly

12. **Day/Time of session (Please select at least 3) ***

Check all that apply.

- ☐ Monday 9AM
- ☐ Monday 2PM
- ☐ Monday 4PM
- ☐ Tuesday 9AM
- ☐ Tuesday 2PM
- ☐ Tuesday 4PM
- ☐ Wednesday 9AM
- ☐ Wednesday 2PM (limited to 1 session at this time)
- ☐ Wednesday 4PM (limited to 1 session at this time)
- ☐ Thursday 9AM
- ☐ Thursday 2PM
- ☐ Thursday 4PM
- ☐ Friday 9AM
- ☐ Friday 2PM
- ☐ Friday 4PM

13. **Please note your preferred choice in session day/time below. (Ex: Monday at 2PM)** *

Feedback

To ensure the most meaningful Fall program experience, please provide the following information

14. What goals would you like your participant to work toward this season? *

15. What has been working well for your participant? *

16. What do you think can be improved upon? *

17. Any updated information you would like for us to know?

18. Any known dates you will not be able to attend sessions?

*

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