

Summer 2026 Registration

Hello Parents and Guardians!

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

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

PLEASE DO NOT SUBMIT THIS FORM UNTIL May 18, 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 *

Summer Session Information

- The Summer program runs from June 1 - July 31st, 2026. There is an option to extend thru August 14, 2026 at the same day and time slot.
- Closure Dates (NO SESSIONS ON THESE DAYS):

July 2 & 3, 2026

Session days/times have
changed!

For the summer only - All
sessions are 75min long.

Session are offered Monday-Friday at the following times: 8:00-9:15, 9:30-10:45,
11:00-12:15.

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 8AM

Monday 9:30AM

Monday 11AM

Tuesday 8AM

Tuesday 9:30AM

Tuesday 11AM

Wednesday 8AM

Wednesday 9:30AM

Wednesday 11AM

Thursday 8AM

Thursday 9:30AM

Thursday 11AM

Friday 8AM

Friday 9:30AM

Friday 11AM

13. Please note your preferred choice in session day/time below. (Ex: Monday at 11AM) *

Feedback

To ensure the most meaningful Summer 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? *
