

## Dr. Fountain's Pony Tails

Children will learn about horse handling, care, safety and stable management.

Group therapy will be paired with equine activities to provide fun and motivating ways to learn about relationship and confidence building.

\*Each group will include a minimum of 3 riding lessons

\*\*Indoor classroom will be utilized for group times

## Dr. Angela Fountain & Associates

1037 Howden Rd E Oshawa ON, L1H 0L7 905-655-5813

www.drfountain.ca





Pony Tails (Gr 1-8): Tuesdays 4:30-6:30pm -> Jan 14 - Mar 3 (8 weeks)
Before or On Dec. 7<sup>th</sup>: Group Therapy \$38 + Farm Fee \$10/session = \$384 +HST
After Dec. 7<sup>th</sup>: Group Therapy \$40 + Farm Fee \$12/session = \$416 +HST

## Extra Support:

This support is offered to children that struggle with small groups and transitioning. It helps ensure children with these needs get the most out of the therapy curriculum

Fee: additional \$17/session +HST

## Dr. Fountain's Pony Tails (Group Therapy) Registration Form

Chila's Name:			
Your Name:	Relationship to child:		
Gender:	Grade:	Age:	_
Address:			
Phone Number:			
Purpose for registering y	our child in Pony Tails:		
Is your child seeing a the If ves who:	erapist within our office?		

List 2 specific goals that you would like	e your child to work on while attending group (i.e. what
social skill, self-regulation, or relations	ship skill):
Does your child take any medications?	If yes, please list medication and time of administration:
Does your child have any allergies? If	yes, please list allergy and symptoms when in contact:
Will your child require additional extra If yes please explain nature of needs:	a support?
Please check which group your child wi  Pony Tails Grades 1-8: Tuesdays  One-to-one support (additional \$	4:30-6:30, Jan. 14 <sup>th</sup> - Mar 3 <sup>rd</sup> (8 weeks)
Please check one option:  My child will need to rent a helm My child will provide their own c	
\$416 +HST)  I have put a credit card on file to be	ount for Pony Tails (By Dec. 7 <sup>th</sup> : \$384 +HST OR after Dec 7 <sup>th</sup> be charged bi-weekly for Pony Tails (By Dec. 7 <sup>th</sup> : \$384 +HST
OR after Dec 7 <sup>th</sup> : \$416 +HST)  □ Please email my invoices (bi-weekly)	☐ Please print my invoices (bi-weekly)
incorrect or falsified information could result in submission of this application form does not gu screening to ensure this program is appropriated I understand that I have registered my child for above duration of time. I understand that I ammore for one week or drops out past the first week. The reflect this. I also understand that if my child recharged at \$17/night +HST for each session night.	rrect to the best of my knowledge and that misleading, omitted, my child being denied registration. I also hereby understand that parantee registration. This form will hold my child's spot until full the for my child and payment confirmation has occurred. The Pony Tails (group therapy) at Dr. Fountain's Clubhouse for the responsible for all payments for Pony Tails even if my child is away. I understand that if my child is away for a week that my invoice will will be run by a registered psychotherapist and that my invoices will equires extra support for at least 2 evenings of program I will be that.  I available until Jan 14 <sup>TH</sup> , 2020. No refunds past the first week of
Parent/Guardian Signature	Date