

Rainbow Ridge Farm Inc.

Afterschool saddle club



JOIN THE FUN!

Riding Lessons - Horsemanship Lessons - Learn about Farm animals- Homework Time

Anyone grades 1-6 can join but must provide their own transportation if your school doesn't drop off to our farm.

Rainbow Ridge after School horseback riding program offers,

- > Excellent Outdoor exercise
- > Responsibility and Discipline
- > Make new friends and work as a team
- > Learn Compassion for animals
- > All in a safe and supervised environment

Saddle Club is for students (a.k.a. horse-crazy kids) grades 1-6 and up and includes,

- > Horsemanship classes
- > Learn about Farm Animals Hands on
- > HomeWork time and encouragement
- > Located on 26 Acres

The Saddle Club offers the above at an affordable price

Pick-up time is 6:15

Call for information.-215-766-9356 / 4841 Applebutter Rd. Pipersville, PA 18947

e-mail-rainbowridgefarm@Verizon.net - www.rainbowridgefarmequestriancenter.com

Rainbow Ridge Farm. After School Saddle Club 2017/2018

4841 Applebutter Rd. Pipersville, Pa. 18947. Phone: 215-766-9356

PARENT AGREEMENT FORM.

Child's Name _____

School _____

Afterschool Saddle Club Information The Afterschool program begins at 3:00PM. and ends promptly at 6:15. after **A Late Pick Up Fee** will be assessed at the rate of \$2.00 per minute after 6:15 PM and will be added to your monthly invoice. **NO EXCEPTIONS!!!**

Enrollment changes and cancellations cannot be made without WRITTEN notification and must be received by the end of the month, to take place the first of the following month.

You are financially responsible until we receive the request in writing.

I understand a \$25 non-refundable registration fee is due with each registration.

Monthly Tuition Amounts

Full Time-PM Only	1st Child	2nd Child	3rd Child	
Full Time PM (After School)	\$400	\$375	\$350	(Includes 8 Riding lessons)
Halfday included				
Part Time - PM Only				
PT-PM(4) - 4 afternoons/month	\$160	\$160	\$160	(Includes 4 riding lessons)
PT-PM(8)- 8 afternoons/month	\$320	\$320	\$320	(Includes 8 riding lessons)
Half Day* (see below) Per Day	\$45	\$45	\$45	

*Please register early, Space is limited registration is on a first come first serve basis.

Transportation:

Bus Transportation Parents only... If you child is already on a the bus that drops off at our farm they would take that bus to Afterschool. You would simply write a letter to Transportation informing them that your child will be getting off at Rainbow Ridge Farm Inc. for our After School Saddle Club.

Non-Weather related Emergency

In the event that a situation occurs where the schools are to be closed due to some type of emergency other than inclement weather, the following procedures will go into effect: The school will notify Rainbow Ridge Farm. We will then notify our Bus Service, if our Bus Service is not available, The school will activate the emergency plans that you have given them regarding the transportation home or Authorized Pick-Up of your child.

Homework:

After arrival at the Center we will encourage children to do their Homework and Help will be available, However we cannot force them to do their Homework.

The Half Day program will be held on these dates:

November 10&21 2017, December 7,8&22,2017, March 9, 2018, June 15, 2018

The HALF DAY program is \$25 per Half Day and is included only if you are registered for Full Time PM, Otherwise, you must be pre-registered to use the Half Day program. If you are registered Part Time and use a half day you will be charged for the Half Day and it will not count against your Part Time days for that month.

Payment Information

Payment for After School services is due by 5:00PM on or before the 1st of each month in the Rainbow Ridge

Farm office. A \$15 late fee is assessed on the 6th. to all accounts with a balance due. Participation in the program is dependent upon regular monthly payments. (Including late fees) Rainbow Ridge Farm Inc. reserves the right to terminate After School services on delinquent accounts. Please keep your invoices for income tax purposes.

If you require a copy, we will mail one after receiving a Written request for the Copy and a \$10 service fee per family.

Parental Consent Information In case of illness or emergency, I authorize Rainbow Ridge Farm Inc. personnel or assigned personnel to secure the services of a doctor if necessary. I understand that medical information and personal data will be used only when necessary to protect a child's well being. I also consent that any photographs taken of my child are the property of the Rainbow Ridge Farm Inc. and may be reproduced and published, as Rainbow Ridge Farm Inc. desires, free of any claim on my part.

*** Using a pen, Sign each line below indicating your consent. Return this form with your registration.**

Obtaining Emergency Medical Care X _____

Transport to Hospital X _____

Administration of Minor First Aid X _____

Photographs X _____

Authorization for Monthly deductions from Credit Card X _____

Child's Name: School X _____

I have read and understand the policies listed here.

Signature of Parent/Guardian _____

Date _____

Staff Signature _____ **Date Rec'd** _____

Rainbow Ridge Farm Inc. - After School RRF Saddle Club 2017/2018

Payment Information

Cash Bill to: Head of Household Charge Monthly
 Credit Card Spouse Charge First Month & Reg. Fee Only
 Money Order
 Check

Credit card Payments:

Credit Card Authorization:

Name on Card _____

CC# _____

Exp Amt _____ **Amt \$** _____

I authorize RRF Inc. to charge my card as indicated:

Signature of Parent/Guardian _____ Date _____

Program Information: Please Check Off Desired Schedule Needed

- 1. Full Time PM (5 days a week)
- 2. 4 Afternoons/Month (1 day a week) M__ T__ W__ TH__ F__
- 3. 8 Afternoons/Month (2 days a week) M__ T__ W__ TH__ F__
- 4. Part-Time 3 Days or More M__ T__ W__ TH__ F__

Do you need Half Day Care? _____ (Early Dismissal Days)

Name of Home School: _____

Location: _____

Rainbow Ridge Farm Inc. 2017/2018

AFTER SCHOOL RRF SADDLE CLUB REGISTRATION FORM

4841 Applebutter Rd Pipersville, PA 18947 Ph#215-766-9356

www.rainbowridgefarmequestriancenter.com

Payment is due at time of registration.

Please Fill Out Completely and Print Clearly with Ink

Child's Name:

Last _____ First _____ Middle _____

Child's Address: _____ City _____ Zip _____

Home Phone _____ Sex: ___ M. ___ F. Birthdate _____ Age _____

Present Grade _____

Name of Child's School _____

Address: _____ Bus # _____

Time of Dismissal _____

Father/Guardian Work# & ext. _____ Cell _____

Mother/Guardian Work# & ext. _____ Cell _____

E-mail Address: Mother _____

Father _____

If parents are divorced, who has custody? ___ Mother ___ Father ___ Joint Other ___ Other

Release Information: (Check appropriate space and provide names, if applicable)

___ NO ONE except the parents/guardian should be allowed to pick up the child from this program.

The following persons are authorized to pick up the child from the program and/or be reached during an emergency (list names and Relationship).

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Emergency Information (Must provide telephone numbers)

Child's Doctor: _____ Phone _____

Child's Dentist: _____ Phone _____

I agree that Rainbow Ridge Farm Inc may authorize the physician of his/her choice to provide emergency care if neither I nor the family physician can be contacted immediately.

Signature of Parent/Guardian _____ Date _____

****Inclement Weather Policy: If school is closed prior to the start of school, there will not be any After School RRF Saddle Club provided.**

Rainbow Ridge Farm Inc. 2017/2018
After School RRF Saddle Club Health Form

Child's Name _____ **AGE** _____

The following information is required for a child to be admitted to the After School RRF Saddle Club.

Immunization Information:

All Saddle Club members must be CURRENT on all immunizations.

1. Provide date (month & year) of child's last tetanus (or DTP) shot? _____
2. What School is your child currently enrolled? _____
3. Is the child exempt from any immunization on medical or religious grounds? _____

If yes, provide a signed copy of the Immunization Form by a licensed physician indicating that the immunization is a medical contraindicated, or the parent or guardian indicating that they object to immunizations for religious reasons.

HEALTH INFORMATION:

Health Information: Provide information on any medical conditions, psychological conditions, behavioral conditions, medications, dietary restrictions, allergies or special needs that we need to be aware of to ensure that your child's Rainbow Ridge Farm Inc. experience is positive.

Parent /Guardians Signature _____ **Date** _____

* * * * **Current Health Assessment must accompany this form**

CHILD HEALTH REPORT

(55 PÅ CODE S83270. i 3i, 3280.3i AND 3250.13i)

CHILD'S NAME: _____ (LAST) _____ (FIRST)

PARENT/GUARDIAN: _____

DATE OF BIRTH: _____ HOME PHONE: _____

ADDRESS: _____

CHILD CARE FACILITY NAME: **Rainbow Ridge Farm Inc. Afterschool Saddle Club**

PARENT'S SIGNATURE: _____

I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.

DO NOT OMIT ANY INFORMATION

This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

NONE _____

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY)

NONE _____

DESCRIBE AL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY:

NONE _____

CHILD'S ALLERGIES (DESCRIBE, IF ANY)

NONE _____

EQUIPMENT AND PROVISION FOR EMERGENCIES. _____

NONE _____

ANY HEALTH PROBLEMS OR SPECIAL NEEDS.

COMMUNICABLE DISEASES

YES___ NO___

IN YOUR ASSESSMENT, Is THE CHILD ABLE TO PARTICIPATE IN HORSEBACK RIDING AND RELATED FARM ACTIVITIES? ___ YES ___ NO. ANY RESTRICTIONS? _____

IF NO, PLEASE EXPLAIN YOUR ANSWER: _____

Rainbow Ridge Farm, Inc. 2017/2018
AFTERSCHOOL RRF SADDLE CLUB PROGRAM
HORSEBACK RIDING RELEASE

4841 Applebutter RD, Pipersville, PA 18947

PH# 215-766-9356

www.rainbowridgefarmequestriancenter.com

CHILD'S NAME _____ BIRTH DATE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

MOTHER'S HOME PHONE _____ WORK _____

CELL _____ E-MAIL ADDRESS _____

FATHER'S HOME PHONE _____ WORK _____

CELL _____ E-MAIL ADDRESS _____

Please Check off Riding Experience: None ___ Walk ___ Trot ___ Canter ___ Jump ___

Does the Rider have any physical and/or mental health conditions, problems and/or disorder which may affect his/her safety and ability to ride?

YES ___ NO ___ If YES, describe here: _____

RELEASE OF LIABILITY. PLEASE READ CAREFULLY. THIS AFFECTS YOUR LEGAL RIGHTS:

In consideration of being permitted to use horses and equipment owned by, or in the care, custody and control of Rainbow Ridge Farm Inc. (RRF), the undersigned (Parent(s)/guardian(s)) and his or her family, estate, heirs or assigned, hereby agree to release and hold harmless RRF Inc., its agents and employees from and against any claim, action, damage, expense, loss or liability paid, suffered, or incurred, whether or not foreseen or unforeseen, as a result of the use by Rider of such equipment and horses. Parent(s) has been informed of and agrees to be bound by the rules and regulations affecting the use of such equipment and horses which may be posted from time to time in the barn or announced by an authorized agent or employee of RRF. Parent acknowledges that he or she has been advised that Farm animals and domestic pets, horses and ponies are sometimes unpredictable and there is risk of serious bodily injury or death involved in grooming, handling and the riding of horses, and with Such knowledge hereby agrees to assume such risk.

NOTICE: All students are provided with a protective helmet meeting current safety standards and they must wear it whenever they ride. (All helmets are loaned to the student and are the property RRF Inc.) Helmets are also available for sale in our Tack Shop.

Parent(s)/guardian(s) acknowledges that I have read and fully understand and agree to the terms and conditions of the above Release

and Disclaimer of liability, and that it is binding on my heirs, executors and assigns. I represent and warrant that I have authority to give this release.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Rainbow Ridge Farm Inc. After School RRF Saddle Club 2017/2018

After School Horse Club Contractual Agreement

Terms and Conditions

1. The duration of this agreement starts from the date of registration and Concludes on the last Scheduled day of the Rainbow Ridge Farm Inc. program for the school year during which the registration occurs.
2. This After School Saddle Club Agreement includes all information, rules, regulations, Forms and policies provided to the user by the provider during the duration of this agreement.
3. The user, by virtue of their signature on the front side of this agreement, Certifies that he/she has read and fully understands the information, fees, procedures, guidelines, and regulations for above mentioned program and agrees to abide by all procedures, guidelines, and regulations Contained therein.
4. Attendance at and participation in any After School Saddle Club is a privilege, and therefore, the provider reserves the right to exclude any participant from any or all Rainbow Ridge Farm Inc. program(s) for behavior deemed inappropriate by staff members and program officials. Further, the provider reserves the right to immediately remove and exclude a participant from any or all program(s) who, in the opinion of program staff members and program officials, poses a direct threat to the safety and welfare of others in the After School Saddle Club. In such cases, all monies paid on a child's Rainbow Ridge Farm Inc. account will be completely non-refundable.
5. All monthly tuition fees must be pre-paid by the "payment due date" (15 days after the billing date) shown on the monthly statement of account. A \$15"late charge" will be automatically Assessed to any account not paid in full by the first program day of the month for which the tuition fee was charged. All"Late Pick-Up", late payment charges, and returned check fees are payable in full upon receipt. All tuition fees and program registration fees are completely non-refundable, regardless of reason, except as herein provided.

The provider reserves the right to exclude any participant from any or all Rainbow Ridge Farm Inc. program(s) due to unpaid or past due tuition and or late "pickup" fees.

Further, the provider reserves the right to pursue to the extent of the law the collection of any and all Outstanding user fees incurred at anytime during the length of this contractual agreement. The user further agrees and understands that enrollment classifications can only be changed for the Succeeding program month, unless otherwise indicated, and that an enrollment classification Cannot be changed part Way

through a program month, and must be submitted in writing to the Rainbow ridge Farm Inc. office prior to the 10th of the month preceding the month in which the change will become effective, otherwise all billed charges are payable in full, regardless of changes.

6. The user, by virtue of their signature on the front side of this agreement agrees to pay, in full, all billed tuition fees and charges for their program months. User further authorizes to make charges, if authorized under the Automatic Charge Card Payment Information section on the reverse side, against the charge card listed, and to be paid in full by that Credit card Company for all program tuition fees and charges billed for these program months.

7. The user agrees to indemnify and hold the provider harmless in the event that their child does not report to the After School Saddle Club on a day for which he/she is scheduled to attend. The user further understands that it their responsibility to insure that the child arrives safely to the After School Saddle Club. By School Bus or by the parent.

8. The user, by virtue of their signature on the front side of this agreement, authorizes the provider to make charges, as indicated in the Automatic Charge Card Payment Information section of this document, against the charge card listed.

9. The provider reserves the right to modify, change, or add any rules, regulations, fees, and policies during the duration of this agreement, and the user agrees to abide by such modifications,

changes, and/or additions.

10. A returned check charge of \$30, per incident, will be assessed to any account in which a check is returned.

Parent/Guardian Signature _____

Date _____

RAINBOW RIDGE FARM Inc.

(215) 766-9356

4841 Applebutter Road Pipersville, PA 18947

Photo Consent Form:

I hereby grant Rainbow Ridge Farm Inc./Rainbow Ridge Farm CRC, Inc. permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment Or any other consideration. I understand and agree that these materials will become the property of Rainbow Ridge Farm Inc./Rainbow Ridge Farm CRC, Inc. and will not be returned. hereby irrevocably authorize Rainbow Ridge Farm Inc./Rainbow Ridge Farm CRC, Inc. to edit, alter, Copy, exhibit, publish or distribute this photo for purposes of publicizing Rainbow Ridge Farm Inc./Rainbow Ridge Farm CRC, Inc. programs or for any other lawful purpose. In addition, Waive the right to inspect or approve the finished product, including written or electronic Copy, wherein my likeness appears. Additionally, waive any right to royalties or other compensation arising or related to the use of the photograph. Thereby hold harmless and release and forever discharge Rainbow Ridge Farm Inc./Rainbow Ridge Farm CRC, Inc. from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other perSons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I am 21 years of age and am Competent to contract in my Own name. I have read this release before signing below and I fully understand the Contents, meaning, and impact of this release.

(Signature)_____

(Printed Name)_____

(Date)_____

If the person signing is under age 21, there must be Consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of named above, and do hereby give my Consent without reservation to the foregoing on behalf of this person.

(Parent/Guardian's Signature)_____

(Parent/Guardian's Printed Name)_____

(Date)_____

Rainbow Ridge Farm Inc.
After School Saddle Club
2017/2018

Check List:

- 1) Completed Registration form **Incomplete forms will be returned to you.**
- 2) Current Health Assessment Form **Must be signed and dated by physician and must include the date of the exam.**
- 3) Parent Agreement Form **Signed and dated, please return all copies**
Please note: the Parent Agreement Form is three separate forms, be sure to print both pages.
- 4) \$25 Non refundable registration fee **per child registered.**
- 5) First month's tuition
- 6) Make Checks payable to : Rainbow Ridge Farm Inc.
- 7) *****Please send a letter directly to you child's teacher**
indicating that you will be picking your child up on the days you have chosen, or the Bus # they will ride to our Farm on those days.

****Please Remember!!!**

***Register early to guarantee a spot... To start the childcare program the first week of school - all Information and all fees must be submitted to the Rainbow Ridge Farm Office by:
5:00 PM. Wednesday. August 21. 2017.
No Exceptions!! space is Limited!!***

Rainbow Ridge Farm Inc.

AfterschoolSaddle Club

“Day-Off” Programs Dates, 2017-2018

The School Day Off program will be held on these dates: **Program Fees for Day-Off Program** __ First Child: \$45 per day __ Second Child: \$40 per day __ Third Child: Free!

__ **Monday October 9**

__ **Tuesday, November 7** __ **Wednesday, November 22**

__ **Thursday, November 23** __ **Monday, November 27**

__ **Wednesday, December 27** __ **Thursday, December 28**

__ **Monday January 15** __ **Monday January 22**

__ **Friday, February 16** __ **Monday Februaury 19**

__ **Wednesday, March 28** __ **Thursday, March 29**

“Day-Off” Program Policies ·

All “Day-Off” Programs OPEN at 8AM and CLOSE at 6:15PM.

The DAY OFF program is an additional \$25 per Day if you are registered for Full Time PM, Otherwise, it is \$45 per Day and you must be pre-registered to use the DAY OFF program. If you are registered Part Time and use DAY OFF program you will be charged the \$45 fee for it, so it will not count against your Part Time days for that month.

Payment Information

Payment for After School services is due by 5:00PM on or before the 1st of each month in the Rainbow Ridge

Farm office. A \$15 late fee is assessed on the 6th. to all accounts with a balance due. Participation in the program is dependent upon regular monthly payments. (Including late fees) Rainbow Ridge Farm Inc. reserves the right to terminate After School services on delinquent accounts. Please keep your invoices for income tax purposes.

If you require a copy, we will mail one after receiving a Written request for the Copy and a \$10 service fee per family.

Parental Consent Information In case of illness or emergency, I authorize Rainbow Ridge Farm Inc. personnel or assigned personnel to secure the services of a doctor if necessary. I understand that medical information and personal data will be used only when necessary to protect a child's well being. I also consent that any photographs taken of my child are the property of the Rainbow Ridge Farm Inc. and may be reproduced and published, as Rainbow Ridge Farm Inc. desires, free of any claim on my part.

*** Using a pen, Sign each line below indicating your consent. Return this form with your registration.**

Obtaining Emergency Medical Care X _____

Transport to Hospital X _____

Administration of Minor First Aid X _____

Photographs X _____

Authorization for Monthly deductions from Credit Card X _____

Child's Name: School X _____

I have read and understand the policies listed here.

Signature of Parent/Guardian _____

Date _____

Staff Signature _____ **Date Rec'd** _____

Make checks payable to: Rainbow Ridge Farm Inc.

4841 Applebutter Rd, Pipersville, PA 18947

215-766-9356

e-mail-Rainbowridgefarm@verizon.net

www.rainbowridgefarmequestriancenter.com

Rainbow Ridge Farm Inc.

AfterschoolSaddle Club

“Half Day-Off” Programs Dates, 2017-2018

The School Day Off program will be held on these dates: Program Fees for Day-Off Program __ First Child: \$25 per day __ Second Child: \$20 per day __ Third Child: Free!

___ November 10,2017 ___ November 21,2017 ___ December 7,2017 ___ December 8,2017
___ December 22,2017 ___ March 9, 2018 ___ June 15, 2018

“Half Day-Off” Program Policies ·

All “Half Day-Off” Programs CLOSE at 6:15PM.

The Half DAY OFF if you are registered for Full Time PM, Otherwise, it is an additional \$25 per Day and you must be pre-registered to use the DAY OFF program. If you are registered Part Time and use DAY OFF program you will be charged the \$25 fee for it, so it will not count against your Part Time days for that month.

Payment Information

Payment for After School services is due by 5:00PM on or before the 1st of each month in the Rainbow Ridge

Farm office. A \$15 late fee is assessed on the 6th. to all accounts with a balance due.

Participation in the program is dependent upon regular monthly payments. (Including late fees) Rainbow Ridge Farm Inc. reserves the right to terminate After School services on delinquent accounts. Please keep your invoices for income tax purposes.

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*** Using a pen, Sign each line below indicating your consent. Return this form with your registration.**

Obtaining Emergency Medical Care X _____

Transport to Hospital X _____

Administration of Minor First Aid X _____

Photographs X _____

Authorization for Monthly deductions from Credit Card X _____

Child's Name: School X _____

I have read and understand the policies listed here.

Signature of Parent/Guardian _____

Date _____

Staff Signature _____ Date Rec'd _____

Make checks payable to: Rainbow Ridge Farm Inc.

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