

Dear FAMILIES

This is a very challenging year for us at CMSRs. Our funding has been cut drastically. IN order to try to provide services for as many children as possible with such limited funding, we have created sessions and this year and each child MAY only be able to attend one session. We will do everything possible to serve children who truly need and benefit from our program, but resources are severely restricted and we cannot open services to as many children as we have in the past.

For the first time we also must charge for classes, \$25.00 per class per child. We will maintain the highest standard of care for each child served and welcome you all to help. We follow NARHA standards of care and must allocate resources to provide the safest possible and most therapeutically effective riding time.

Please read the sessions schedule and fill out the **request** form. Please remember that your form is a request for participation and a request for a particular time slot. Linda will call you to confirm your participation and time space. Only 5 children can be served each hour. Please understand that this allows us to provide each child the experience that will be most beneficial to them.

- A child may be enrolled for one session **ONLY**. When you are accepted for that session, you may **REQUEST** to be on Wait list for another session. Children **NOT SERVED** in previous session and with higher need assessment will have priority. **IF** an opening arises in a session and you have listed the child on the wait list, you may be added for another session.
- Level of Need is determined by the Executive Director with advice from the Assistant Director and Certified Riding Instructors. This is the judgment of our “staff” and is final. It is difficult for us to ask a family to wait or to say no to a group or family. **PLEASE** do not ask for special consideration or treatment.

REQUEST FOR SERVICES FORM - 2009

Please fill out and return to
Linda Martin 2115 North Fremont Street Monterey CA 93940

I am requesting Session _____
My preferred time is _____
My second choice of time is _____
Every attempt will be made to provide you with your preferred time or second choice.

Please print clearly:

Child: _____
Address: _____ City/town _____
Phone: (h) _____ (c) _____
Email: _____

Family Member(s) who will be responsible for child and **will be present for each session:** _____

This child Has _____ Has not _____ been served by CMSR before.

Disability: _____

Special needs/notes, information that will be helpful to us from physician,
therapist: _____

Signature of parent : _____

Print Name clearly _____

I understand that I must provide 24 hour notice if my child cannot attend a class by calling Linda at 831-646-1941 no later than noon on Friday. If no call is received and child does not attend, the child may be replaced by a child on the Wait List for the remainder of that session.

I have read and agree: Signature of Parent: _____

- A family member must be in attendance and be responsible for supervision of child and siblings and guests while at CMSR.
- Each family will be responsible to fill out and maintain file card on attendance and to update contact information.
- Each family must sign a CMSR Conduct form and Waiver of Liability at first session of year.