



**Rainbow Ridge Farm Equestrian Center.**  
4841 Applebutter Rd Pipersville, PA 18947

**DROP-IN CHILDCARE REGISTRATION FORM**

**General Information**

Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Child's Name (Print): \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Parent/Guardian Names: \_\_\_\_\_  
Parent/Guardian Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Family Email Address: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Code Word/ID #: \_\_\_\_\_

**Authorized Emergency Release**

The following individuals are authorized to pick-up my child(ren) listed above in the event of an emergency. Each understands the pick-up process developed by the RRFC and will provide either a code word or ID # upon arrival. Each individual will abide by all policies and procedures set forth. The individuals listed will be reviewed annually by the child's parent/guardian and should be amended when necessary.

Review #1 \_\_\_\_\_  
Review #2 \_\_\_\_\_

Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Individual Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Health Information** (Please specify which child)

Please list ALL known allergies to medication, food, insects, environmental, etc.

Please list a description of any current physical, mental, developmental or psychological conditions requiring medication, treatment, or special restrictions or considerations while in RRFC programs:

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Drop in Care Dates Desired: \_\_\_\_\_

Dates must be approved before bringing your child.

Cost is \$60 per day. 8:45-3:30 - \$60.00 X \_\_\_\_ day/s = \$ \_\_\_\_\_.

Extended Care needed 3:30-5:30 - \$15.00 X \_\_\_\_ day/s = \$ \_\_\_\_\_. Total Due \$ \_\_\_\_\_

Payment is due in advance or payable the morning of the program. We accept Cash, Checks or Credit Cards.

**Office Use Only**

Signed-up by: \_\_\_\_\_ Date: \_\_\_\_\_ Entered by: \_\_\_\_\_ Date: \_\_\_\_\_