



1130 Orlando Drive • De Pere, WI 54115  
(920) 339-0700 • exceptionalequestrians.org

**Register Today for Exceptional Equestrians Groups!**  
**Space is limited - registration deadline is Tuesday, May 16, 2023**

**Groups will run for 60 or 75 minutes once a week for 5 weeks for \$160.00 and can be covered by the Children's Long Term Support Waiver by contacting your case worker.**

**Please check which group(s) you would like to register for:**

- Fine Motor Fitness Group Ages 5-7 – 6/12 through 7/10/2023
- Fine Motor Fitness Group Ages 8-10 – 6/12 through 7/10/2023
- Fun with Friends Group Ages 5 to 7 – Session One: 6/15 through 7/13/2023
- Fun with Friends Group Ages 8 to 10 – Session One: 6/15 through 7/13/2023
- Fun with Friends Group Ages 5 to 7 – Session Two: 7/20 through 8/24/2023
- Fun with Friends Group Ages 8 to 10 – Session Two: 7/20 through 8/24/2023
- Move With Me Group Ages 5+ – Session One: 6/15 through 7/13/2023
- Move With Me Group Ages 5+ – Session Two: 7/20 through 8/24/2023
- Backyard Fun Group Ages 5 to 7 – 7/17 through 8/21/2023
- Backyard Fun Group Ages 8 to 10 – 7/17 through 8/21/2023

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

E-mail for Registration Confirmation: \_\_\_\_\_

Address: \_\_\_\_\_ City/ST/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Preferred Contact#: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

\*\* I give the following people permission to pick up my child from group:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Children's Long Term Support Waiver Information: County: \_\_\_\_\_

Case Worker: \_\_\_\_\_ Phone: \_\_\_\_\_

**Parent Questionnaire / Background Information:**

*Please answer the following so the therapist can get to know your child's needs and abilities before the groups begin!*

Medical Diagnosis: \_\_\_\_\_

Medical History: (Please describe medical information that is relevant to your child's participation.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recent Medical/Surgical Procedures: \_\_\_\_\_

\_\_\_\_\_

Please list any recent medical concerns: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication List and Reason for each being prescribed: \_\_\_\_\_

\_\_\_\_\_

Please list any sensitivities you observe in your child: (such as sensitivity to touch/sounds/activities/etc.) \_\_\_\_\_

\_\_\_\_\_

Communication: (How does your child communicate? Please list current system if using technology.) \_\_\_\_\_

\_\_\_\_\_

My child is able to follow directions independently:  1 step  2 steps  3 steps

Therapy History: (Please describe therapy services your child has received or continues to receive including discipline (OT/PT/ST), frequency, location and indicate whether these services remain in effect.) \_\_\_\_\_

\_\_\_\_\_

Daily Living Skills: Is your child potty trained?  Yes  No

Is your child independent with feeding?  sippy cup  open cup  straw  spoon  fork

List any feeding difficulties: \_\_\_\_\_

\_\_\_\_\_

Equipment: (Does your child use any special equipment at home or in school, such as a wheelchair, stander, braces, adapted bicycle, etc.) \_\_\_\_\_

Strengths/Abilities: (What do you feel are your child's strengths?) \_\_\_\_\_

\_\_\_\_\_

Limitations: (What limitations do you feel are most prohibitive to achieving your goals?) \_\_\_\_\_

\_\_\_\_\_

Precautions/Additional Information: (Please indicate any additional information you would like us to consider such as; sensory aversions, fears, likes/dislikes etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**☺ Register early as spaces are limited. ☺**

Please complete all forms and mail with payment to:

Exceptional Equestrians – attention Nicole 1130 Orlando Drive DePere, WI 54115

Or:

Email forms and contact information to:

Nicole Behnke, OTR

[nbehnke@exceptionalequestrians.org](mailto:nbehnke@exceptionalequestrians.org)