



LESSON PROGRAM REGISTRATION

Student Name: _____ Birthday: _____

Parent/Guardian name: _____ Phone number: _____ - _____ - _____

Address: _____ County: _____
Street Address

_____ City State Zip

Email address: _____

Is texting ok in case of weather cancellation? Yes/No

Name _____ Number _____

Pertinent medical information: _____

Does rider have an IEP? YES NO

Please notify your instructor before your first lesson if rider has an IEP.

Emergency contact: _____ Relationship: _____

Emergency Contact Phone #: _____ - _____ - _____

Office Use ONLY:

Kendall County resident? YES NO

Type of lesson: LEAD LINE PRIVATE SEMI-PRIVATE

****MAKE A COPY OF THIS SHEET TO INCLUDE WITH EVERY PAYMENT SENT UP TO YORKVILLE TO BE PROCESSED!
If you do not include the contact information on this sheet, the payment CANNOT be processed!***