

HOPE REINS

BRAZIL, INDIANA
ENROLLMENT FORM

Finding Hope for the Heart
with Reins in the Hand.



Please fill out the form below to schedule your child/children for the month of: _____ year _____

Parent/Guardian Information

Name: _____
Phone: (____) _____ Secondary Phone: (____) _____
Address: _____ City: _____ State: _____ Zipcode: _____
Email Address: _____

Please check this box if you DO NOT want to be automatically added to our waiting list:

Yes No

If coinciding sessions are not available for my child(ren), I am willing to have sessions on different days.

Dates available: _____

Child/Children Information

(circle one)

Name: _____	D.O.B.: _____	Male	Female
Name: _____	D.O.B.: _____	Male	Female
Name: _____	D.O.B.: _____	Male	Female
Name: _____	D.O.B.: _____	Male	Female

If your child has a medical condition that needs to be brought to our attention, please provide information here: _____

Thank you for your interest in Hope Reins! We look forward to meeting you! Please return this form to:

Hope Reins
166 W CR 1100 N
Brazil, IN 47834

If you have any questions or concerns, please call our Director, Donna Jones at (812) 878-5475 or email info@hopereins.org.