

ETA's Missed Lesson Report and Make-Up Lesson Request Form*

Rider's Name: _____

Parent Contact Name(s): _____

Home Phone: _____ Cell Phone(s): _____

Email(s): _____ Today's Date: _____

Missed Lesson Information: Please remember that ETA can only make up two lessons each Quarter, in order to be fair to all families and the instructors who adjust their schedules! Due to end-of-session reports, make-ups cannot be offered in the last two weeks of each Quarter. See the Annual Calendar on the website for details. Use a separate form for each make-up. Please anticipate and prepare for needed make-ups EARLY in the session, and do not ask for a third, fourth, or fifth make-up for frivolous reasons. By contrast, serious medical issues, serious illnesses in the family, death of a family member, etc. can all be addressed by a waiver by the Director, but you must include this form as well as a doctor's form noting the serious illness, and the need to be absent from lessons. Include it with this form, please.

Date of Missed Lesson: _____

Reason for Missing: _____

Date Submitting Form: _____ Parent/Guardian Signature(s): _____

Make-Up Lesson Request: What days may we contact you at the number listed above? (circle all that apply): **Sun M T W TR F Sat**. What times are you available for a make-up lesson? (circle all that apply): **Mon. a.m.; Mon. p.m.; Tues. a.m., Tues p.m.; Wed. a.m., Wed. p.m.; Thurs. a.m., Thurs. p.m.; Fri. a.m., Fri. p.m.; Sat. a.m., Sat. p.m.**

Would this be a time when you/your child is not on important medication? _____ **Yes** _____ **No**

If so, could we expect significant cognitive, emotional, physical changes? Please detail:

If we learn of an opening for a make-up lesson an hour or two before the lesson time should we contact you to see if you are available? Yes No Only on: _____

For Office Use Only

Date Received: _____ Staff Member Signature: _____

Volunteers and Staff Needed: Leader SW1 SW2 2nd. Instructor; Secured? Yes No ?

Date of Make-Up Lesson Offered: 1. ___/___/___ Agreement? _____

2. ___/___/___ Agreement? _____

Make-Up Lesson Scheduled? Yes No Date of Scheduled Make-Up Lesson: _____

Director's signature _____ Did Make-up Occur?: _____ Date: _____

* We are grateful to Northern Virginia Therapeutic Riding for inspiring this form by their model.