



EverGrow Farm Enrollment Packet

Dear Prospective EverGrow Farm Family,

At EverGrow Farm, we take great care to ensure that we can thoughtfully meet the needs and goals of each candidate being considered for admission to our programs. We value the time and effort you put into completing this application and want you to know our team is here to guide and support you throughout the process.

The **first step** in joining our community is scheduling a tour of EverGrow Farm. Tours give families the chance to see our programs in action, meet our staff, and experience the unique, farm-based environment that makes EverGrow special. To schedule your visit, please contact us at **615.828.1354**, email us at **info@evergrowfarm.org**, or visit our website at **evergrowfarm.org**.

Application Process:

1. Schedule a Tour of EverGrow Farm.
2. Submit Application – Return this completed form with the \$50 non-refundable application fee.
3. Skills & Interests Visit – The applicant and parent/guardian meet with staff to share strengths, needs, and goals.
4. Family Meeting – Review eligibility, program options, pricing, and your individualized program offer.
5. Signed Contract & Deposit – Secure placement by finalizing enrollment.

Please return the completed application and the \$50 application fee to:

Evergrow Farm

244 Holt Hills Rd

Nashville, TN 37211

Once we receive these materials, our Admissions Committee will review your application and determine program placement.

Thank you for your interest in EverGrow Farm. We look forward to meeting you during your tour and welcoming you into our growing community.

Sincerely,

The EverGrow Farm Team



Tuition & Fees Policy

Evergrow Farm offers Adult Day Programs on **Tuesday, Thursday, and Friday** from **9:00 a.m. to 2:30 p.m.** Participants are expected to bring a packed lunch each day or may bring items to prepare a simple lunch on-site, such as sandwich ingredients.

Tuition is due at the beginning of each week of attendance. Families are required to confirm attendance days for the upcoming month at the start of each month, allowing staff to plan appropriately. Payments may be made by check, card on file, or other approved arrangements. Please note that tuition is non-refundable and will not be prorated for absences or missed days.

Enrollment at EverGrow Farm is considered ongoing unless otherwise communicated. A minimum of thirty (30) days written notice is required if a participant will be withdrawing from the program. Families remain financially responsible for tuition during the thirty-day notice period, regardless of attendance.

These policies have been established to ensure consistency, fairness, and the highest quality of programming for all participants. EverGrow Farm is committed to partnering with families to create a safe, nurturing, and meaningful experience for every individual we serve.

Tuition Rates		
Days per Week	Weekly Rate	Monthly Rate
3	\$375	\$1,624
2	\$250	\$1,083
1	\$125	\$541

*Weekly tuition is due at the start of each week. Monthly tuition is due at the start of each month. Tuition is not adjusted for illness, weather, or absences. Fees may change during holiday closures or staff in-service days, with families notified at least one month in advance.

2025 Closure Dates

September 1st- Labor Day

November 25-28 Thanksgiving

December 22nd-26th Winter Break

December 31st- January 2nd- News Year's Break

Checklist

- ☐ Schedule tour of EverGrow Farm
- ☐ \$50 application fee paid to EverGrow
- ☐ **Complete application (Required Forms)**
 - ☐ Participant information
 - ☐ Caregiver Information
 - ☐ Emergency Contacts
 - ☐ Health History Form
 - ☐ Emergency Medical Consent
 - ☐ Medical Evaluation
 - ☐ Seizure History
 - ☐ Medication Administration
 - ☐ Dietary Restrictions
 - ☐ Health and Support Needs
 - ☐ Behavior Information Sheet
 - ☐ Personal and Social Development
 - ☐ Participant Interest Sheet
 - ☐ Waivers
- ☐ **Personal Documents (Required- please send copies to Everygrow)**
 - ☐ Immunization Records
 - ☐ Current or most recent psychological evaluation and diagnostic evaluation
 - ☐ Recent photograph of Candidate
 - ☐ Copy of State photo ID or driver's license
 - ☐ Copy medical insurance card
 - ☐ Copy of Birth Certificate
- ☐ Family Meeting - including adults schedule



Application Form - Participant Information

Candidate information: Please complete the following information for the Candidate, especially if it differs from the Caregiver information.

Candidate Information			
Candidate's Name			
Phone Number			
Email Address			
Home Address			
Date of Birth			
Gender			
Height			
Weight			
Primary Language			
Diagnosis			
Characteristics of Diagnosis			
Physician		Phone number	

Does the Candidate have any physical limitations?

- ☐ No
- ☐ Yes- please describe below



Caregiver Information

Caregiver/Conservator/Family Information		
Name	Cell phone	Relationship to Candidate
Home Address		
Email	Employer	Work's phone

Caregiver/Conservator/Family Information		
Name	Cell phone	Relationship to Candidate
Home Address		
Email	Employer	Work's phone

Please list any additional siblings and their age(s):



Emergency Contacts

Please provide two emergency contacts.

Contact 1		
Name	Cell phone	Relationship to Candidate

Contact 2		
Name	Cell phone	Relationship to Candidate

Health History Form

Please check Yes or No for each item. If “Yes,” provide details in the space given.

Yes/ No	Condition	Year(s)	Additional Information
<input type="checkbox"/> Yes <input type="checkbox"/> No	Speech Disorders		
<input type="checkbox"/> Yes <input type="checkbox"/> No	High Blood Pressure		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Heart Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Diabetes		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Stroke		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Kidney Disease		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Glaucoma		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Arthrities		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Sinus Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Digestive Problems		
<input type="checkbox"/> Yes	Fainting		

<input type="checkbox"/> No			
<input type="checkbox"/> Yes <input type="checkbox"/> No	Balance Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Menstrual Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Muscular Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Polio		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pneumonia		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Anemia		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Chicken Pox		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Mumps		
<input type="checkbox"/> Yes <input type="checkbox"/> No	High Cholesterol		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Measles		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pregancy		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Thyroid Problems		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Venereal Disease		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Swallowing Difficulty		



<input type="checkbox"/> Yes <input type="checkbox"/> No	Sleep Disorders		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Head Injury		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Depression		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Mental Health		
<input type="checkbox"/> Yes <input type="checkbox"/> No	Use of Prosthetics (canes, walkers, lifts)		

Parent/Guardian Authorization

I certify that the above information is accurate and complete. I will update EverGrow Farm staff with any changes in my child's/participant's medical condition or medication.

Parent/Guardian Signature: _____ Date: _____

Emergency Medical Consent Form

In case of a medical emergency, I authorize EverGrow Farm staff to seek treatment for my child/self if I cannot be reached.

Insurance Provider: _____

Preferred Hospital: _____

Physician Contact: _____

Participant/Guardian Signature: _____ Date: _____



Medical Evaluation (Past 12 Months)

Please attach a copy of the participant's most recent physical (within the past 12 months) signed by a licensed physician.

Physician Name: _____

Date of Last Exam: _____

Physician Signature: _____

Participant/Guardian Signature: _____ Date: _____



Seizure History & Risk Form

Evergrow Farm requires detailed seizure history information to ensure the safety and well-being of each participant. Please complete this form thoroughly and update staff with any changes in your child's/participant's health.

Participant Information

- Name: _____
 - Date of Birth: _____
 - Primary Diagnosis (if applicable): _____
 - Parent/Guardian Name(s): _____
 - Emergency Contact Number: _____
-

Seizure History

1. Has the participant ever experienced seizures?
☐ Yes
☐ No
2. Type(s) of seizures diagnosed (check all that apply):
☐ Absence (Petit Mal)
☐ Tonic-Clonic (Grand Mal)
☐ Focal/Partial
☐ Atonic ("Drop" seizures)
☐ Myoclonic
☐ Unknown/Other: _____
3. Date of most recent seizure: _____
4. Average frequency of seizures:
☐ Daily
☐ Weekly
☐ Monthly
☐ Rarely
☐ Other: _____
5. Typical duration of seizures:
☐ Less than 1 minute
☐ 1-3 minutes
☐ Over 3 minutes



6. Known triggers (check all that apply):

- ☐ Illness/fever
 - ☐ Missed medication
 - ☐ Stress
 - ☐ Lack of sleep
 - ☐ Flashing lights
 - ☐ Other: _____
-

Seizure Response Plan

1. Participant's typical seizure signs/symptoms:

2. How should staff respond during a seizure? (check all that apply):

- ☐ Call 911 immediately
- ☐ Administer emergency medication (see below)
- ☐ Contact parent/guardian immediately
- ☐ Allow participant to rest afterward
- ☐ Other: _____

3. Medications for seizure management:

- Daily seizure medication(s): _____
- Emergency/rescue medication (e.g., Diastat, Valtoco, Nayzilam): _____

- Instructions for administration: _____

4. Does participant require one-to-one support during/after seizures?

- ☐ Yes
 - ☐ No
-

Additional Information

(Please describe any specific concerns, behaviors, or supports related to seizures.)



Authorization & Signature

I confirm the information above is accurate to the best of my knowledge. I agree to provide updated medical information if changes occur. I understand that EverGrow Farm staff will follow the seizure response plan described above to ensure safety.

Parent/Guardian Signature: _____ Date: _____

Physician's Name & Contact (optional): _____

Medication Administration Form

I authorize EverGrow Farm staff to administer prescribed medications as directed by a physician.

Medication Name: _____

Dosage: _____

Administration Instructions: _____

Physician Signature: _____

Participant/Guardian Signature: _____ Date: _____



Dietary Restrictions / Meal & Snack Form

Please list any food restrictions or special dietary needs.

Food Allergies: _____

Texture Modifications: _____

Other Notes: _____

Participant/Guardian Signature: _____ Date: _____



Health & Support Needs

Please complete this section with detailed health and support information so that EverGrow Farm staff can provide safe and appropriate care. Attach additional pages if necessary.

Primary Diagnosis / Conditions

(Include any medical, developmental, or mental health diagnoses that may affect participation)

Allergies

(List all food, environmental, and medication allergies. Include severity and treatment, such as EpiPen or antihistamines.)

☐ Mild ☐ Moderate ☐ Severe / Life-Threatening

Medications

(List all prescribed and over-the-counter medications taken regularly, including dosage and schedule. Indicate if staff may need to administer during program hours.)



Mobility or Physical Support Needs

(Does the participant use a wheelchair, walker, braces, or require assistance with stairs, lifting, or other movement?)

Communication Supports

(Please describe preferred methods of communication: verbal, sign language, communication device, gestures, etc. Include if staff should expect echolalia, limited speech, AAC use, etc.)

Behavioral Supports

(Please describe any behavior plans, triggers, calming strategies, or supports that help the participant succeed. Include history of elopement, aggression, self-injury, or anxiety if applicable.)

Additional Notes

(Any other health, sensory, or personal care needs we should know about to provide safe and supportive programming.)

Participant/Guardian Signature: _____ Date: _____



Behavior Information Sheet

This form helps EverGrow Farm staff understand how to best support your child/participant. Please complete honestly and in detail so we can provide a safe and positive environment.

Behavior Overview

1. Does your child/participant display challenging behaviors?

☐ Yes ☐ No

If yes, please describe:

2. Types of behaviors observed (check all that apply):

- ☐ Aggression (hitting, kicking, biting)
- ☐ Self-injury (head banging, skin picking, etc.)
- ☐ Property destruction
- ☐ Elopement (running/wandering away)
- ☐ Non-compliance/refusal
- ☐ Verbal aggression/profanity
- ☐ Tantrums/meltdowns
- ☐ Other: _____

3. Frequency of behaviors:

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rare/Occasional

4. Typical triggers for behaviors (check all that apply):

- ☐ Transitions or schedule changes
 - ☐ Loud noises/crowds
 - ☐ New environments or people
 - ☐ Denial of requests
 - ☐ Sensory sensitivities
 - ☐ Waiting or delayed attention
 - ☐ Other: _____
-



Support Strategies

1. Warning signs your child is becoming upset:

 2. Strategies that help calm your child (check all that apply):
 - ☐ Taking a break/quiet space
 - ☐ Sensory tools (fidgets, headphones, weighted items)
 - ☐ Deep breathing/relaxation
 - ☐ Physical activity (walk, movement break)
 - ☐ Verbal reassurance
 - ☐ Other: _____
 3. Strategies that do NOT work and should be avoided:

 4. Is your child on a formal Behavior Support Plan (BSP) or IEP with behavior goals?
 - ☐ Yes (please provide a copy)
 - ☐ No
-

Safety & Crisis Response

1. Has your child ever required physical intervention or emergency services due to behavior?
 - ☐ Yes ☐ NoIf yes, please describe: _____
 2. Specific safety precautions EverGrow staff should be aware of:

-

Parent/Guardian Signature

I certify that the above information is true and complete. I agree to update EverGrow Farm staff if changes occur in my child's behavior needs.

Signature: _____ Date: _____



Personal & Social Development Information Sheet

This form helps EverGrow Farm staff understand the participant's strengths and areas of support in personal growth, daily living, and social interaction. Please complete as fully as possible.

Daily Living Skills				
Activity	Independent	Needs some help	Needs Full Support	Notes
Reading				
Verbal Communication				
Explain strengths and challenges				
Listening to others				
Personal Grooming (brushing teeth, washing hands)				
Eating/ feeding self				
Toileting				
Time Awareness/ schedule following				
Preparing simple snacks/cooking				

Household Chores				
Handling money (coins, purchasing)				

Social Skills			
Skill/Behavior	Yes	No	Notes
Enjoys working/ playing with peers	<input type="checkbox"/>	<input type="checkbox"/>	
Participates in Group Activities	<input type="checkbox"/>	<input type="checkbox"/>	
Use of polite words (please, thank you)	<input type="checkbox"/>	<input type="checkbox"/>	
Shares Materials/ Turns with others	<input type="checkbox"/>	<input type="checkbox"/>	
Maintains personal space boundaries	<input type="checkbox"/>	<input type="checkbox"/>	
Forms friendships easily	<input type="checkbox"/>	<input type="checkbox"/>	
Prefers to be alone	<input type="checkbox"/>	<input type="checkbox"/>	



Participant Interest Sheet

This form helps us get to know each participant's likes, dislikes, and goals so we can build meaningful, personalized activities at EverGrow Farm. Parents/guardians may complete this with the participant, or participants may complete it on their own if able.

Favorite Things

1. Favorite hobbies/activities:

2. Favorite animals:

3. Favorite foods/snacks:

4. Favorite music, TV shows, or movies:

5. Favorite places to go (community, parks, stores, etc.):

Strengths & Skills

1. Things I am really good at:

2. Things I would like to learn or try:

3. Jobs or chores I enjoy (farm work, cooking, art, etc.):



Social & Community

1. Do you enjoy working:
☐ With others
☐ Alone
☐ Both
2. Ways I like to communicate:
☐ Talking
☐ Using pictures/technology
☐ Writing/drawing
☐ Other: _____
3. Things that make me happy or proud:

Goals & Dreams

1. Something I want to get better at this year:

2. A big goal or dream I have for the future:

Parent/Guardian Input (optional)

Please share anything else that would help us connect with and support your child/participant:



Waivers

Photo & Media Release Form

I hereby give permission for photographs/videos of the participant to be used in EverGrow Farm's publications, website, and social media for educational or promotional purposes.

☐ YES, I give permission

☐ NO, I do not give permission

Participant/Guardian Signature: _____ Date: _____

Liability Release Form

I understand that participation in farm-based activities carries inherent risks. I release and hold harmless EverGrow Farm, its staff, and volunteers from liability for injuries or damages except in cases of negligence.

Participant/Guardian Signature: _____ Date: _____

HIPAA Compliance & Confidentiality Agreement

EverGrow Farm complies with HIPAA regulations to protect the confidentiality of health records. I acknowledge that my information will only be shared with authorized staff and entities necessary for care.

Participant/Guardian Signature: _____ Date: _____

Release of Information to Other Entities

I authorize EverGrow Farm to release and exchange information with the following entities (e.g., schools, doctors, therapists).

Entities Authorized: _____

Participant/Guardian Signature: _____ Date: _____



Financial Agreement

By signing below, I agree to pay tuition and fees associated with EverGrow Farm programs. I authorize EverGrow Farm to keep my credit card on file for automatic billing. I understand the late payment and refund policies.

Cardholder Name: _____

Card Number (last 4 digits): _____

Billing Address: _____

Participant/Guardian Signature: _____ Date: _____

Participant Guidelines & Procedures Acknowledgement

I have read and agree to follow EverGrow Farm's policies regarding attendance, conduct, and participation. I understand that failure to comply may result in dismissal from the program.

Participant/Guardian Signature: _____ Date: _____

Code of Conduct / Behavior Agreement

I agree to treat staff, peers, animals, and property with respect. I understand that unsafe or harmful behavior may result in dismissal.

Participant/Guardian Signature: _____ Date: _____

Incident/Accident Reporting Policy Acknowledgement

I understand that EverGrow Farm will document and report incidents or accidents to guardians promptly.

Participant/Guardian Signature: _____ Date: _____



Technology / Social Media Policy

I agree to follow EverGrow Farm's technology and social media guidelines regarding participant and staff privacy.

Participant/Guardian Signature: _____ Date: _____

Volunteer & Visitor Policy Consent

I acknowledge and agree to follow EverGrow Farm's guidelines for family members, volunteers, or outside visitors joining activities.

Participant/Guardian Signature: _____ Date: _____