

Child' Name _____ Classroom _____
 Date of Birth _____ Age _____ Home Phone _____

Parent Information

Parent #1's Name _____ Cell Number _____
 Parent #2's Name _____ Cell Number _____
 Address _____

REQUIRED PLEASE PRINT NEATLY - E-mail (all communication is via e-mail)

SELECT YOUR CHILD'S T-SHIRT SIZE: 3T _____ XS _____ SM _____

PAYMENT PLANS AVAILABLE (please circle your payment choice)

TERMS 1 & 2	(9 weeks)	\$108.00 per Term	(2 payments – 1 every 8 weeks)
TERMS 3 & 4	(10 weeks)	\$120.00 per Term	(2 payments – 1 every 10 weeks)
SESSION 1	(18 weeks)	\$211.00 per Session	(1 payment due for the Fall Session)
SESSION 2	(20 weeks)	\$235.00 per Session	(1 payment due for the Spring Session)

PAYMENT OPTIONS AVAILABLE:

CASH CHECK VENMO (@Cathy-BrownsteinGriewing) ZELLE (kidsklubgymbus@yahoo.com)

9- & 10-WEEK PAYMENTS ARE DUE 2 WEEKS PRIOR TO THE BEGINNING OF EACH TERM AND WILL COVER YOUR CHILD'S GYMBUS CLASSES FOR THE UPCOMING TERM. (A 1 WEEK GRACE PERIOD WILL BE ALLOWED FOR LATE PAYMENTS, HOWEVER, A \$5.00 LATE FEE, per child, WILL BE ADDED TO YOUR PAYMENT – Please note: your child may not attend Gymbus after the grace period if payments are not current – THIS INCLUDES ANY LATE FEE CHARGES.) PAYMENT IS NOT REDUCED FOR MISSED CLASSES DUE TO ILLNESS, VACATIONS, ETC. A CREDIT MAY BE GIVEN IF THE GYMBUS OFFICE IS NOTIFIED, **BY EMAIL**, A MINIMUM OF 24 HOURS PRIOR TO THE INTENDED ABSENCE. **A MAXIMUM OF 2 CREDITS ARE ALLOWED PER GYMBUS YEAR.** Any decisions regarding Gymbus classes held during inclement weather will be made by the daycare facility and may or may not be made up at a future date.

GYMBUS CLASSES ARE ONGOING FROM AUGUST THRU JUNE (**38 WEEKS**). IT IS ASSUMED THAT YOUR CHILD IS CONTINUING EACH MONTH ON GYMBUS UNLESS NOTIFICATION IS GIVEN TO THE GYMBUS OFFICE PRIOR TO THE BEGINNING OF THE NEW TERM/SESSION. YOU WILL BE BILLED ACCORDINGLY.

Parent Signature: _____

The primary goal of KIDS KLUB GYMBUS is to introduce your child to basic gymnastics and motor skills in a safe and fun environment. We hope that through the experiences your child receives on our GYMBUS, he/she will gain a solid background in gymnastics, learn the importance of daily physical activity, and leave our program with the desire to be "fit for life." The KIDS KLUB GYMBUS is designed with safety in mind. The floor is heavily padded and extremely soft. All mats and equipment used are of the highest quality and are checked daily to ensure they are safe for your child. However, despite these precautions, gymnastics does possess the potential for serious injury to the participant. While at the preschool level, this potential is greatly reduced, it does still exist. To combat this risk, our staff is highly trained in safety, spotting, and proper skill progression. This training is ongoing. The staff of KIDS KLUB GYMBUS will provide complete supervision of your child while on the bus. I release KIDS KLUB GYMBUS, its officers, instructors, and the daycare facility from all responsibility and claims for injuries received while participating in activities on the KIDS KLUB GYMBUS. By my signature, I confirm that the above-named child is in good health. I hereby authorize simple first aid, as well as any medical treatment deemed necessary. **Parent Signature** _____ **Date** _____

Please describe any physical limitations, medical concerns/diagnosis, or health problems (include food allergies)

I authorize Kids Klub Gymbus to use pictures of my child on its website or other marketing mediums. These images will be used for Kids Klub Gymbus purposes only and will not be given or sold to outside companies or individuals. Kids Klub Gymbus will not identify children by name or daycare in any media platform.

Parent Signature _____ **Date** _____ (please X) **YES** _____ **NO** _____

REGISTRATION FEE: \$29.00 (Full Year) \$27.00 (Begin Session 2/Term 3) \$24.00 (Term 4 only)

REGISTRATION: \$ _____ TUITION: \$ _____ TOTAL AMOUNT PAID: \$ _____ CK # _____/VENMO/ZELLE