



ENROLLMENT FORM

STUDENT INFORMATION (Please Print)

Child #1 Name: _____ Age: _____ D.O.B. _____ Boy or Girl
 Child #2 Name: _____ Age: _____ D.O.B. _____ Boy or Girl
 Child #3 Name: _____ Age: _____ D.O.B. _____ Boy or Girl
 Child #4 Name: _____ Age: _____ D.O.B. _____ Boy or Girl

PARENT/GUARDIAN INFORMATION

EMERGENCY PHONE # _____

Parent/Guardian #1: _____ Occupation: _____
 Address: _____ City/State: _____ Zip: _____
 E-Mail: _____ E-Mail Statement Y / N How Did You Hear About Us? _____
 Work Number: _____ Cell Number: _____ Home Number: _____
 Parent/Guardian #2: _____ Occupation: _____
 Work Number: _____ Cell Number: _____ Home Number: _____

Initial each of these upon enrollment & sign below:

1. _____ **Tuition is due by the 15th** of each month to reserve your child's spot in the class for the following session. Each session will have 4 weeks of classes. Tuition is accepted by mail, by phone or in person. We have a drop slot for payments made after hours. We accept payment in the form of cash, check, debit, Visa or MasterCard.
2. _____ **A late fee of \$10** will be assessed for all accounts paid after the 15th of the month. Space is not guaranteed without payment. If there is a wait list for the class and payment has not been received, your spot will be filled by another student.
3. _____ **Students may be automatically withdrawn from class if tuition is not paid before the first day of the session.**
4. _____ **Written notice to withdraw from classes is due by the 15th of the month prior to the next session,** if your child is going to take a break from classes.
5. _____ **Make ups-** If your child will be absent, we will allow a make up in a similar class if you call us by **10:00AM** the day of their class. If you call us **after 10:00AM or not at all**, they may attend **Open Gym** at no charge to make up for the missed class. All make- ups are required within 4 weeks of missed classes, must be pre-scheduled with the office, cannot be scheduled before the class is missed and are not to be taken before the missed class. Make-ups are void once a student has withdrawn from classes. Account credits are not given for missed classes. I have been given a copy of the make-up policy for my records.
6. _____ **No Refunds.**

PARENT/ GUARDIAN SIGNATURE

PRINTED NAME

DATE

OFFICIAL USE ONLY

DATE ENROLLED: _____
 MONTHLY TUITION AMOUNT CHILD #1 _____
 MONTHLY TUITION AMOUNT CHILD #2 _____
 MONTHLY TUITION AMOUNT CHILD #3 _____
 MONTHLY TUITION AMOUNT CHILD #4 _____
 SIBLING DISCOUNT (deduct) _____
 FULL MONTH TUITION _____
 PRORATED FOR _____ WEEK(S) _____
 NEXT MO. TUITION (IF DUE) _____
 ANNUAL REGISTRATION FEE \$45 X _____
 COUPONS OR DISCOUNTS (deduct) _____
TOTAL AMOUNT DUE _____

\$ _____ \$ _____
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CLASS CODE 1 _____ 2 _____ 3 _____
 CLASS CODE 1 _____ 2 _____ 3 _____
 CLASS CODE 1 _____ 2 _____ 3 _____
 CLASS CODE 1 _____ 2 _____ 3 _____
PAID \$ _____ CASH/CC/ATM/CHECK # _____