



# Registration Form

Please Type or Print

Child's Name \_\_\_\_\_

Daycare/School Name \_\_\_\_\_ Classroom \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Home Phone \_\_\_\_\_

### Parent Information

Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Address \_\_\_\_\_

**E-mail Required for Communication:** \_\_\_\_\_

YOUR CHILD'S T-SHIRT SIZE: XS \_\_\_\_\_ SM \_\_\_\_\_ MED \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

### PAYMENT OPTIONS AVAILABLE (please circle your payment choice): Check or Credit Card

MONTHLY: \$40.00

#### Please note: Payment is due by the 28<sup>th</sup> of each month for the following month.

If HOH GYM BUS cancels class due to inclement weather, etc., a make-up day will be planned or a credit will be issued. If your child misses class, a credit will not be issued.

To withdraw your child from class, a written letter or email must be sent before the 15<sup>th</sup> day of the month.

**Parent Signature:** \_\_\_\_\_

The **HOH GYM BUS** is designed with safety in mind with heavily padded floor and walls. 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, tumbling and physical activity does possess the potential for serious injury to the participant. While at the preschool level, this potential is greatly reduced, it does still exist. The staff of **HOH GYM BUS** will provide complete supervision of your child while participating in activities on the bus. I release **HOH GYM BUS**, its officers, instructors, and the daycare facility from all responsibility and claims for injuries received while participating in activities on the **HOH GYM BUS**.

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) which might require modifications in our weekly lesson so that we can be sure your child can always participate.

\_\_\_\_\_  
\_\_\_\_\_

REGISTRATION FEE: \$25.00 (\$5.00 Sibling Discount)

REGISTRATION: \_\_\_\_\_ TUITION: \_\_\_\_\_ TOTAL AMOUNT DUE: \_\_\_\_\_ CK # \_\_\_\_\_

CREDIT CARD: ONE TIME PAYMENT \_\_\_\_\_ MONTHLY AUTOPAY \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CCV CODE: \_\_\_\_\_

AUTHORIZATION SIGNATURE: \_\_\_\_\_ (Email receipt will be sent)