

## Kids Gym Registration Form

Parent's Name(s) \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
(first choice) (second choice)

Child 1

Term 1 \_\_\_\_\_ Term 2 \_\_\_\_\_ Term 1&2 \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Class \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_  
(first choice) (second choice)

Child 2

Term 1 \_\_\_\_\_ Term 2 \_\_\_\_\_ Term 1&2 \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

Camp/Clinic/Overnight \_\_\_\_\_ Date \_\_\_\_\_

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*FEES: Please make checks payable to Kids Gym. FULL payment must accompany registration form.*

Family Registration (\$30.00) \$ \_\_\_\_\_  
(classes only)

Class Tuition \$ \_\_\_\_\_

Camp/Clinic/Overnight Tuition \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Visa/MC/Dis # _____ Expiration Date _____ Signature _____
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