

KIDS GYM REGISTRATION FORM

Parent's Name(s) _____ Phone # _____

Address _____ City _____ Zip _____

First Child:

Child's Name _____ Age _____ Birthdate _____

Class _____ Day _____ Time _____ Day _____ Time _____
(first choice) (second choice)

Second Child:

Child's Name _____ Age _____ Birthdate _____

Class _____ Day _____ Time _____ Day _____ Time _____
(first choice) (second choice)

Third Child:

Child's Name _____ Age _____ Birthdate _____

Class _____ Day _____ Time _____ Day _____ Time _____
(first choice) (second choice)

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

Family Registration (\$30.00) \$ _____

Class Tuition \$ _____

Total \$ _____

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