



Registration Form
www.firststategymnastics.com

Parent Information:

Parent/Guardian's Name: _____ Phone No. _____
Address _____ Email _____
City _____ State _____ Zip Code _____
Cell # _____ Emergency Contact Name & Phone _____
Physician: _____ Tel. _____ Hospital Preference: _____
Please describe any allergies or pertinent information that would help us to better teach your child. _____

Student Information:

Student #1 _____ Sex: M F Age: _____ D.O.B. ____/____/____
Class – 1st Choice: Day _____ Time _____ Level/Class _____
Class – 2nd Choice: Day _____ Time _____ Level/Class _____

Student #2 _____ Sex: M F Age: _____ D.O.B. ____/____/____
Class – 1st Choice: Day _____ Time _____ Level/Class _____
Class – 2nd Choice: Day _____ Time _____ Level/Class _____

Student #3 _____ Sex: M F Age: _____ D.O.B. ____/____/____
Class – 1st Choice: Day _____ Time _____ Level/Class _____
Class – 2nd Choice: Day _____ Time _____ Level/Class _____

We offer a **15%** discount for additional family members, **with no charge for the fourth child**. In addition, any child attending a second class per week receives a **25%** discount on the second class.

Yearly Registration Fee: In addition to payment, a yearly \$35.00 non-refundable registration fee must accompany all registrations (each additional family member \$20).

Choose:

- I wish to pay in installments
 I wish to pay in full.

A late charge of 1.5% will be charged to any account not paid by the 7th of the month. There will be a Returned Check Fee of \$30.00