METROPLEX GYMNASTICS & SWIM SINCE 1975

Mother's Day Out Enrollment 2009-2010

Date of Enrollment:_____

Name of Child:_____ Date of Birth:_____

Parents' E-mail Address:_____ Child's Age:_____

Parents' Names:_____ Home Phone#:_____ ____

Address:_____City:_____ZipCode_____Cell#_____

Mother's Work Phone #:_____ Father's Work Phone #: _____

EmergencyContact:_____Phone #:_____

How did you hear about our Program? _____

Circle day or days that your child will attend:
Mother's Day Out: Tuesday Thursday

Once a week for the month is $130, and twice a week for the month is $230. There is a yearly non-refundable registration fee of $100 to reserve a place for each child and to cover all supplies. Tuition is payable in advance, either monthly or by the semester. Tuition is due on the 21st of the preceding month. A late charge of $10 is added on the 1st day of the month.

Water Activities: I hereby _____ give ____ do not give - my consent for my child to participate in water table play.

_____Receipt Of Written Operational Policies:
I acknowledge receipt of the Parent Handbook including those for discipline and guidance.

I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.

	NAME	RELATIONSHIP	PHONE
1.			
2.			
3.			

Please list any Medications, Allergies, and /or Special Instructions: (Any Special Instructions or problems must be documented with the Metroplex Office before child can participate in Gymnastics& Academics Preschool.)_____

_____

I certify the information provided above is true and accurate to the best of my knowledge at this time.

_____ _____
Parent/Guardian Signature Date