

TUMBLEKICKS (REGISTRATION FORM)

Please fill out the following personal information:

Student's Name _____ Birth date and age _____
Address _____ Home e-mail: _____
City _____ State _____ Zip _____ Homephone _____
Mother's Name _____ Cell or work # _____
Father's Name _____ Cell or work# _____

INHERENT RISKS:

I, _____ understand and accept the risks of injury inherent to this activity. I hold Tumblekicks, and their independent contractors free from all harm in the case of any injury to the above-named child. I further understand that all reasonable care shall be given to prevent undo harm to my child.

(Please list any medical condition/allergies we might need to be aware of): _____

Parent's signature _____

CLASS FEES: Payments are due 2 weeks before each session begins. (\$5 late fee and \$10 returned check fee)

Make check/money order payable to: Shareen Scibek

Mailing address: 3997 Terrace Drive, Hampstead, Md 21074

\$50/8 week session for members of the Westminster Family Center or \$55/8 week session for non-members of the Center

Class days/times: Please put a check mark next to desired class day and time. Call for availability (410-374-0180)

"Just Me" (2yrs-5yrs)

"Caretaker and Me" (15 mos-2 1/2 yrs)

Monday: 9:30-10:15 _____

7pm-7:45 _____

Monday 10:30-11:15 _____

Tuesday: 9:30-10:15 _____

10:30-11:15 _____

Wednesday:

10:30-11:15 _____

Wednesday 9:30-10:15 _____ 5:15-6pm _____

Thursday: 9:30-10:15 _____

10:30-11:15 _____

Please put a check mark next to the first session your child is enrolling in:

Session dates for classes on Monday:

Fall I 2009 (Sept. 14-Nov. 02): _____ (payment due by August 1st)

Fall II 2009 (Nov. 09-Jan. 04): _____

Winter I 2010 (Jan. 11-Mar. 01): _____

Spring I 2010 (Mar. 08-Apr. 26): _____

*Mini 2010 (May 03-May 24): _____

Cost is 1/2 price for this 4 week session

Session dates for classes on Tuesday, Wednesday, or Thursday:

Fall I 2009 (Sept. 08-Oct. 27): _____ (payment due by August 1st)

Fall II 2009 (Nov. 03-Jan. 05): _____

Winter I 2010 (Jan. 12-Mar.02): _____

Spring I 2010 (Mar. 09-Apr. 27): _____

*Mini 2010 (May 4-May 25): _____

Cost is 1/2 price for this 4 week session

****(Tear here and save bottom)*****

POLICIES: (Please see Brochure for all policies).

*Payments are due 2 weeks before each session. There is a \$5 late fee after the 1st class. There is a \$10 returned check fee.

*All start/end dates are tentative, pending the weather and the Family Centers' schedule.

*Parents may enroll their child anytime during the session. Call for a pro-rated rate.

*Each student may make-up 1 missed class per session.

*Refunds/credits will not be given for missed classes.

*No refunds will be made after the first class unless the class is cancelled.

A friend or sibling can come as a guest for a fee of \$6/class. Please e-mail Shareen before the class to R.S.V.P. a spot.

***In the event of snow or inclement weather, AN E-MAIL will be sent to you with the pertinent information . You can also call my home for the information or the Westminster Family Center (410-751-5501). For detailed information regarding the weather policy, please see the Tumblekicks brochure.**

Any questions please call: Shareen Scibek (410-374-0180)

e-mail: sscibek@comcast.net

