Gymstars Kindergarten

Enrollment Application

Circle Class Preference:

Mornings:	**Afternoons:**
5's & young 6's	5's & young 6's
Mon-Fri 8:00-11:30 am	Mon-Fri 12:15-3:45pm

Child's Full Name: _____

Preferred Nickname: _____

Date of Birth: _____

Parent's Name(s): _____

Address: _____

City & Zip: _____

Primary Contact #: (_____) _____-_____ 2nd #: (_____) _____-_____

Email 1: _____
Email 2: _____

Mother's Employer: _____
Work Phone #: (_____) _____-_____

Father's Employer: _____
Work Phone #: (_____) _____-_____

Student lives with: MOM DAD BOTH OTHER _____

***If Parent/Guardian cannot be reached, contact:

Name: _____ Relationship: _____
Phone #: (_____) _____-_____ Cell #: (_____) _____-_____

Name: _____ Relationship: _____
Phone #: (_____) _____-_____ Cell #: (_____) _____-_____

<u>***My child may be released to the following persons
(in addition to parents and emergency contacts) ***:</u>

Name: _____ Relationship: _____
Phone #: (_____) _____-_____ Cell #: (_____) _____-_____

Name: _____ Relationship: _____
Phone #: (_____) _____-_____ Cell #: (_____) _____-_____

Please list names and ages of siblings:
_____
_____

What are YOUR expectations regarding your child's kindergarten experience?
_____
_____
_____
_____

Does your child have allergies or chronic health problems? If so, please list.
_____
_____
_____
_____

Does your child experience any unusual fears? If so, please list.
_____
_____
_____

*Please feel free to share additional information that you feel is important for us to know about your child:
_____
_____
_____
_____
_____
_____
_____
_____

I have enrolled my child in a program of physical activity including but not limited to dance and exercise movements, basic tumbling skills and basic locomotor skills. I understand the inherent risks including injury may result in my child's participation in this activity. I assume the risk and I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit him/her from participation in this exercise program. I hereby agree that I, for myself, my children, adopted or otherwise, my heirs or executors, waive and release any and all rights and claims for damage that I may have at any time against GYMSTARS, Children's Fitness Programs LLC or their agents and representatives for any injury or damage in connection with my child's entry in activities sponsored by GYMSTARS, Children's Fitness Programs LLC. I hereby affirm that I have read and fully understand the above.

Parent Signature_____Date_____

GYMSTARS
EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please complete the following information. In the event of a medical emergency, this form will accompany your child to the hospital/clinic so that medical treatment can be rendered.
I hereby authorize GYMSTARS, LLC staff to give consent for all medical and/or surgical treatment that may be required for my child during my absence.

Child's Name	Date of Birth	Chronic Illness	Allergies	Last DPT	Medications

Physician: _____Phone #: _____

Home Address of Parent: _____

Parent Employer: _____Phone #: _____

Health Insurance Company: _____

Member #: _____ Group #: _____

Nearest Relative: _____ Phone #: _____

Parent/Guardian Signature: _____Date:_____

GYMSTARS KINDERGARTEN FINANCIAL AGREEMENT FORM

Student: _____

FEES:

Registration fees are required to hold a child's place and are **NON-REFUNDABLE**.

- ☐ $100.00 registration fee for all students each school year
- ☐ 50.00 supply fee due with first installment.

TUITION:

Tuition rate is per child based on a yearly amount with 2 payment options.

- ☐ 1 payment of $3600.00 per year
- ☐ 9 payments of $400.00/month (Sept-May)

TERMS FOR TUITION PAYMENTS:

1. **Payment Schedule**: _____ initial
   a. Payments are due on the **1st** day of each month
   b. Payments start. September 1 run through May 1 for 9 month plan.
   c. Any dishonored check by a bank or other financial institution for any reason including non-sufficient funds or a closed account will result in a returned check fee of $30.00

2. **Delinquent Tuition**: _____ initial
   a. Tuition payment received after the 5th will incur a $25.00 late fee
   b. Delinquent tuition for more than 30 days will result in dis-enrollment
   c. This is a 9 month contract and enrolling party is legally bound to remit full yearly tuition either in lump payment or payment plan. Early termination does not release party from financial responsibility unless management approves.
   d. Unpaid accounts will be turned over to a 3rd party collections after 60 days

3. **Late Pick Up Charges**: _____ initial
   a. Students picked up late will be charged $3.00 for every 5 minutes
   b. Payment is due when child is picked up. Failure to remit will result in monies owed being added to account balance.
4. **Covid 19 Action Plan**: ____ initial
   a. We will be following CDC guidelines with additional cleaning and distancing as much as possible.
   b. If a child or teacher test positive, we will convert to online learning for 2 weeks.

I/WE UNDERSTAND AND AGREE TO FOLLOW THE OUTLINED PROCEDURES FOR PAYMENT. I/WE UNDERSTAND THAT REGISTRATION FEES ARE NON-REFUNDABLE.

Parent/Guardian _____ Date _____

Payments accepted: Cash, Check, and Visa/Debit Checks payable to: Gymstars

GYMSTARS PRESCHOOL
POLICY SIGNATURE FORM

Please read the Parent Handbook (available on our website) and initial below to confirm that you understand the Gymstars policies and prodecures. Please note that this form must be turned in for your child to attend Gymstars Preschool.

_____ I have read and understand the parent handbook that is available at www.gymstarkids.com.

Child's Name_____

Parent Signature _____

Parent Name Printed _____

Date _____

Student Photo Authorization

I understand that Gymstars Preschool may post photos on Gymstars Facebook Page, Preschool Newsletters, and slideshows for Preschool events. I understand that my child's name will not be used.

_____ Opt out: No photos please. I understand that I will NOT see photos of my child on Facebook, Website, Directory, Newsletters, or Program Slideshows

*Photos are used ONLY for Gymstars purposes