



**TREE OF LIFE GYMNASTICS**  
 40 Kings Park Road. Commack, New York 11725  
 Tel. (631) 543-1441

Please visit our web site at  
 www.treeofflifenurseryschool.com



**REGISTRATION FORM**

CHILD'S NAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SEX ( ) Male ( ) Female  
 FATHER'S NAME \_\_\_\_\_ MOTHER'S NAME \_\_\_\_\_  
 HOME ADDRESS \_\_\_\_\_ TOWN \_\_\_\_\_ ZIP \_\_\_\_\_  
 HOME TELEPHONE # \_\_\_\_\_ ALTERNATE TEL # \_\_\_\_\_  
**EMERGENCY NAME & PHONE IN CASE PARENTS/GUARDIANS CANNOT BE REACHED.**  
 NAME (1) \_\_\_\_\_ TEL # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_  
 NAME (2) \_\_\_\_\_ TEL # \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_


**AGREEMENT:**

- I understand that participation in Gymnastics and related activities involves the risk of injury and I enroll the above named person at his/her/my own risk.
- I hereby state that the above named enrollee has no physical or mental conditions that prohibit full, rigorous participation in gymnastics. I also understand that it is my responsibility to inform the administration of any physical or mental condition that the staff should be aware of in dealing with the enrollee during normal activities and/or in case of medical emergencies.
- All new participants are required to pay an annual registration fee. The \$25 fee is payable upon registration and is non-refundable. This fee includes accident insurance to cover your child while attending Gymnastics School and its related activities.
- I understand that a FULL MONTH security deposit is required with the submission of this registration form (Only one security deposit is required per family). The deposit will be credited towards any FINAL MONTHLY tuition. The security deposit is not refundable until the student has participated for at least one full month.
- Tuition is due on the 25<sup>th</sup> of each month. A \$5 late fee will be charged if tuition is not paid within one week of the due date.
- I understand that I may discontinue this enrollment at any time by notifying the Program Director in writing. I will be responsible for payment for all classes reserved for the enrollee up to one week from the date that I have provided written notice. Should I terminate prior to starting the program, I understand that I forfeit the registration fee and the security deposit.
- I agree to pay for all classes reserved for me, whether utilized by the enrollee or not. I understand that there are no refunds for scheduled classes that are not attended by the enrollee, regardless of the reason. I also understand that no refunds or make-ups will be given for inclement weather.
- MAKE-UPS & MISSED DAYS POLICY. There will be no refunds for classes missed. Tuition paid for a missed class may not be applied to the following month. All make-ups must be taken while the student is currently enrolled. Holiday makeup schedule will be announced.
- I understand that no jewelry or watches will be worn in class, and that the Gymnastics School is not responsible for any personal belongings that are lost or damaged.
- Insurance regulations dictate that parents and non-students are NOT permitted in the Gym.

**I UNDERSTAND AND AGREE TO THE ABOVE CONDITIONS:**

a) \$ 25 ANNUAL REGISTRATION FEE  
 b) \$ \_\_\_\_\_ SECURITY DEPOSIT  
 c) \$ \_\_\_\_\_

**TOTAL PAID  
 WITH THIS REGISTRATION \$ \_\_\_\_\_**




**PLEASE ENROLL IN THE FOLLOWING:**

DAYS OF WEEK: \_\_\_\_\_

SESSION TIME: \_\_\_\_\_

AGE GROUP: \_\_\_\_\_

START DATE: \_\_\_\_\_



PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ 20\_\_\_\_