

## 2020 Registration Form

Student Information: (Pl	_	DOB	A	Condon M/E	
		DOB:			
Allergies: Y/N If Yes, pleas	e iist:				
Recent Injuries: Y/N If Yes Please list any special consid	orations we should to	lko whon working with	h wour child:		
Flease list any special consid	erations we should to	ike when working with	ii your ciiiiu		
Please check one of the follow	wing: 🗌 Class 🗎	Private Lesson/Clinic	☐ Team	☐ Trial	
Parent Information: (Ple	ase Print)				
Parent #1		Parent #2			
Address:					
City:Sta					
Home Phone:					
Cell Phone:					
Email:		Email:			
Emergency Contact: (Pleas	_	7.1			
Name:		_ Phone:			
Registration Information:	(Please Print)				
1. Class Name:					
				5	
2. Class Name:		Day:	Time	<u>:</u>	
Monthly Tuition:\$					
* Annual Registration Fee:	\$30/Child or \$60/Fa	amily			
Payment Information:	Bill my card monthly	Cash/Check (3 r	months up-front)		
Credit Card #:Exp:					
Name on Card:Billing Zip:					
Monthly tuition is charged on the 1- is declined. Should you wish to pay below, you authorize NEAG to char,	using a different card, cash	h, or check, you may do so b			
I/We the parents/guardians of (Participant' programs at New England Academy of Gy undersigned, being of legal age and acting all representatives of New England Acade and parent/guardian while on the premises time without parent/guardian supervision. whose conduct is detrimental to the overal medical attention, and we, as the parents/g whatever steps are necessary to protect the	rmnastics. *I/we assume all ris guardian of the participant, re- my of Gymnastics from any ar . *I/we understand that our chi *I/we understand that New En I good of the class program. *I uardians cannot be contacted,	give my/ou ks and hazards incidental to the leases and holds harmless New and all responsibility of injury ac ild should never be dropped off gland Academy of Gymnastics l/we understand that if an emerg	England Academy of quired by the particle or picked up outsid reserves the right to gency arises which s	of Gymnastics or any and ipant, visiting children, e or left for any extended o dismiss any student should require immediate	
Parent/Guardian Signature		Date			



New England Academy of Gymnastics 894 Boston Post Rd. E. Marlborough, MA. 01752 Phone: (508)460-6324. Fax: (508)460-6320 www.newenglandgymnastics.com

## **Policies and Procedures**

The following policies and procedures apply to all of our class programing. Please read them carefully and initial next to each one, indicating that you understand the details of each.

## Registration

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one registration form per child, and submit it to the front desk. Your registration fee, and first month's tuition will be due at the time of registration. Annual registration fees will be automatically billed one year from your registration anniversary. If your child needs to change their class day/time/level, you may do so anytime by contacting the front desk. If you ever need to take a break, just fill out a cancellation form at least 30-days prior to your last class. If you
want to drop immediately, you would be responsible for the remaining classes in the 30-day notification period. When your ready to pick back up, give us a call and we will be happy to find you a class that works for your schedule!
Parent/guardian initals
Tuition
Class tuition is due on the 1 <sup>st</sup> of the month for each month your child is enrolled. Tuition rates are based on the duration of your child's class. Our monthly tuition rates are for 4 classes. If a month happens to have 5 classes, we'll still honor your base rate. If your class falls on a date that we are closed, a makeup class will be added to your account for future use. For students starting mid-month, the first month's tuition is adjusted to reflect the number of classes left in that month.
We offer an easy monthly auto-pay plan for all of our class families. Just put a card on file, and we'll automatically charge your child's class tuition on the 1 <sup>st</sup> of each month. Receipts are emailed to you for your convenience. If you would like to pay via cash or check, we require three month's up front to secure your child's spot in their class.
Parent/guardian initals
<b>Makeups</b> We understand that things may come up that will cause your child to miss their weekly class. If you ever need to miss a class, just let us know and we would be happy to schedule you a makeup class on another day. Makeup classes must be done in an appropriate age group and level. Makeups do not expire as long as your child is actively enrolled.
Parent/guardian initals
<b>Weather Related Closures</b> If unforeseen severe weather causes us to have to close, an email will be sent to all families informing them of the closure. We will also post this information on our website, voicemail, and social media outlets. We will honor a makeup class for any students affected by a weather related closing.
Parent/guardian initals
Trial Classes
We offer a no-obligation trial for all classes in our program. You may register for your trial class by filling out a registration form, and checking the "trial" box. We require your registration fee, and first month's tuition down as a

deposit. If after your trial class, you don't love it for any reason, just let the front desk know and we will refund 100% of your deposit. If you love it and want to continue, confirm with the front desk and you're all set!

Parent/guardian	initals