

Madison Gymnastics School LLC. Information Sheet

For office
use

Parents: Mother _____ (first and last name) Father _____ (first and last name)

Mailing Address _____ City _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Emergency # (Required) (____) _____ Relation to Child _____

Email Address _____ (used for reminders, closures, and updates only)

How did you hear about Madison Gymnastics? _____

Student Name: _____ DOB: _____

Student Name: _____ DOB: _____

Student Name: _____ DOB: _____

Student Name: _____ DOB: _____

Do we have permission to use photos of your children taken during class or performances for website, Facebook, and advertising purposes? _____

Does your child have any food allergies, or other conditions that we need to be aware of? _____

If so, please give details _____

Please Initial:

I understand that my tuition will come out between the 1st-and 5th of every month, and if my account is declined, it is subject to a \$10 fee _____

I have read, understand, and have been given a copy of the policies of Madison Gymnastics Center. _____

****I understand that my child will be automatically re-enrolled, and billing will continue each session (4 weeks) until I give the office a 2 week drop notice by signing the drop notice at the front desk: _____

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____

Mother's name (last, first)

Father's name (last, first)