

# HoppinTots Children's Gym

## Summer 2010 Registration Form

Call 410 337-7012  
For Information

PLEASE COMPLETE ALL INFORMATION IN THE SHADED AREA. PRINT CLEARLY. SIGN RELEASE.  
FOR 45 OR 60-MINUTE CLASSES, COMPLETE THE "CLASS REQUESTED" SECTION.  
FOR DROP-OFF PROGRAMS and CAMP, PLEASE COMPLETE THE "DROP-OFF INFORMATION" SECTION ON THE OPPOSITE SIDE.

Child's First and Last Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ M \_\_\_ F \_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone #'s: Home (\_\_\_\_) \_\_\_\_\_ Mother's Work (\_\_\_\_) \_\_\_\_\_ Father's Work (\_\_\_\_) \_\_\_\_\_  
Cell (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Medical Problems?: \_\_\_\_\_ Sibling(s) Enrolled: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**RELEASE AGREEMENT:** Students are expected to have accident and/or medical insurance. Any activity, such as gymnastics, that involves motion and/or height creates the possibility of serious injury. I certify that I, as legal parent/guardian, do consent and agree to indemnify and hold harmless HoppinTots Children's Gym, to provide customary medical attentions and emergency medical services as warranted in the course of my child's participation in HoppinTots activities. I further authorize to execute that consent required in connection with emergency medical services. I hereby release HoppinTots, its officers, employees and agents from and agree to indemnify them against any liability arising out of the exercise of the authority here granted.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Class Requested:** \_\_\_\_ Baby Bears (\$120) \_\_\_\_ Little Bears/Bigger Bears (\$132) \_\_\_\_ Little Hoppers (\$140) \_\_\_\_ HoppinKids (\$156)

Day \_\_\_\_\_ Time \_\_\_\_\_ (See Schedule for Days and Times offered)

Class Fee: \$ \_\_\_\_\_ - Sibling/Twin Discount (if applicable) \$ \_\_\_\_\_ TOTAL ENCLOSED: \$ \_\_\_\_\_

PLEASE MAIL PAYMENT TO: **HOPPIN TOTS CHILDREN'S GYM, 6241 FALLS ROAD, BALTIMORE, MD 21209**

### DROP OFFS AND CAMP SIGN-UP INFORMATION

COMBO FUN I TOTAL (FROM THE OTHER SIDE) \$ \_\_\_\_\_ COMBO FUN II TOTAL (FROM THE OTHER SIDE) \$ \_\_\_\_\_

CAMP TOTAL (FROM THE OTHER SIDE) \$ \_\_\_\_\_ + # \_\_\_\_\_ EARLY DROP-OFF DAYS X \$5 = \$ \_\_\_\_\_ - SIBLING/TWIN DISCOUNT \$ \_\_\_\_\_

TOTAL ENCLOSED = \$ \_\_\_\_\_

### PAYMENT INFORMATION

CHECK # \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ CREDIT CARD: VISA \_\_\_ MC \_\_\_ DISCOVER \_\_\_ AMEX \_\_\_

# \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_ EXP. \_\_\_\_\_

NAME PRINTED ON CARD \_\_\_\_\_

SIGNATURE \_\_\_\_\_

\*Please note, the Sibling Discount and the 2<sup>nd</sup> Class Discount are applied to the less expensive class.

## DROP-OFF INFORMATION

Circle a minimum of 8 dates in any combination (as long as all choices are age appropriate for your child)

<b>COMBO FUN II</b> (2 - 6 yrs.)  M/W/F 10:30 a.m. - 12:30 p.m. ___ (check if this is your choice)			<b>COMBO FUN I</b> (walking - 4 yrs.)  T/Th 10:30 a.m. - 12:30 p.m. ___ (check if this Is your choice)	
<b>M</b>	<b>W</b>	<b>F</b>	<b>T</b>	<b>Th</b>
6/14	6/16	6/18	6/15	6/17
6/21	6/23	6/25	6/22	6/24
6/28	6/30	7/02	6/29	7/01
7/05 <b>Closed</b>	7/07	7/09	7/06	7/08
7/12	7/14	7/16	7/13	7/15
7/19	7/21	7/23	7/20	7/22
7/26	7/28	7/30	7/27	7/29
8/02	8/04	8/06	8/03	8/05
8/09	8/11	8/13	8/10	8/12

**Total # Dates Circled** \_\_\_\_\_

8 days (minimum) X \$29 = \_\_\_\_\_  
 (9 - 12 days) X \$29 = \_\_\_\_\_  
 (13 - 17 days) X \$28 = \_\_\_\_\_  
 (18+ days) X \$27 = \_\_\_\_\_  
 - \*Sibling/Twin Discount - \_\_\_\_\_  
  
**Total Enclosed = \$** \_\_\_\_\_

(Please fill out payment information on opposite side)  
 \*Sibling discount = 15% off each additional sibling registered in the  
 same session (Discount is taken off the *less expensive class*).  
 Twin Discount = 15% off Total Fees

## CAMP SESSIONS

Circle Weeks Chosen [1-week (or 6 day) minimum]

	Check One Per Week	Early Drop Off (check days desired)
Week 1 6/14 - 6/18	___ Full Week ___ 2 or 3-Day-A-Week (6/14, 6/15, 6/16, 6/17, 6/18) (circle days desired)	M___T___ W___TH___ F___
*Week 2 6/21 - 6/25	___ Full Week ___ 2 or 3-Day-A-Week (6/21, 6/22, 6/23, 6/24, 6/25) (circle days desired)	M___T___ W___TH___
Week 3 6/28 - 7/02	___ Full Week ___ 2 or 3-Day-A-Week (6/28, 6/29, 6/30, 7/01, 7/02) (circle days desired)	M___T___ W___TH___ F___
Week 4 7/06 - 7/09 (Short Week - See Brochure for further pricing information)	___ Full Week ___ 2 or 3-Day-A-Week (7/06, 7/07, 7/08, 7/09) (circle days desired)	M___T___ W___TH___ F___
Week 5 7/12 - 7/16	___ Full Week ___ 2 or 3-Day-A-Week (7/12, 7/13, 7/14, 7/15, 7/16) (circle days desired)	M___T___ W___TH___ F___
Week 6 7/19 - 7/23	___ Full Week ___ 2 or 3-Day-A-Week (7/19, 7/20, 7/21, 7/22, 7/23) (circle days desired)	M___T___ W___TH___ F___
Week 7 7/26 - 7/30	___ Full Week ___ 2 or 3-Day-A-Week (7/26, 7/27, 7/28, 7/29, 7/30) (circle days desired)	M___T___ W___TH___ F___
Week 8 8/02 - 8/06	___ Full Week ___ 2 or 3-Day-A-Week (8/02, 8/03, 8/04, 8/05, 8/06) (circle days desired)	M___T___ W___TH___ F___
Week 9 8/09 - 8/13	___ Full Week ___ 2 or 3-Day-A-Week (8/09, 8/10, 8/11, 8/12, 8/13) (circle days desired)	M___T___ W___TH___ F___

**FULL WK** - 1 - 2 weeks = \$200/wk. 3 - 4 weeks = \$190/wk. 5 + wks. = \$170/wk. - # of Full Wk Sessions \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**3-DAY-A-WK** - 6 - 9 days = \$44/day 12 - 18 = \$40/day 21 - 27 = \$36/day - Total # of Days \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

**2-DAY-A-WK** - 6 - 10 days = \$44/day 12 - 18 = \$40/day 20 - 26 = \$36/day - Total # of Days \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Early Drop- Off Available at 9:30 for \$5/day Total # Checked \_\_\_\_\_  
**Please fill out payment information on the opposite side**