New Address: ☐

HoppinTots™ Children's Gym

PLEASE CHECK ONE:

___ New Student ___ Returning Student

Registration Form

Spring 2012

Call 410 337-7012
For Information
Fax: 410 337-8036

PLEASE COMPLETE *ALL INFORMATION IN THE SHADED AREA*. PRINT CLEARLY. SIGN RELEASE.

Child's First and Last Name _____ **Birth Date** ___/___/_____ **M** ___ **F** ___

Mom's Name _____ **Dad's Name** _____

Address _____ **City** _____ **Zip Code** _____

Phone #'s: Home (_____) _____ **Mom's Work (_____)** _____ **Dad's Work (____)** _____

Email Address _____ **Cell (_____)** _____ **Cell (_____)** _____

Nanny's Name_____ **Cell (____)** _____

Medical Problems/Allergies?:_____ **Sibling(s) Enrolled:**_____

Emergency Contact: _____ **Relationship:** _____ **Phone: (____)** _____

How did you hear about HoppinTots™? _____

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**: _____/_____/_____

PLEASE COMPLETE *"Class Requested"* and/or *"Drop-Off Requested"* Section(s)

Class Requested: _____Baby Bears ($186) ____Little Bears/Bigger Bears ($204) ____Little Hoppers ($216) ____HoppinKids ($234)

1st Choice: Day _____ **Time**_____ **(See Schedule for Days and Times offered)**

2nd Choice: Day _____ **Time**_____

Class Fee: $_____ -*Sibling/Twin /2nd Class Discount (if applicable) $_____ **TOTAL ENCLOSED:** $_____

Drop-Off Requested: _____Double T's ($360) _____Combo Fun ($270) _____ Tumble & Fun ($360)

1st Choice: Day_____ **Time**_____ **(See Schedule for Days and Times offered)**

2nd Choice: Day_____ **Time**_____

Fee: $**_____ -* Sibling/Twin/2nd Class Discount (if applicable)$_____ **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 2nd Class Discount are applied to the **less** expensive class.