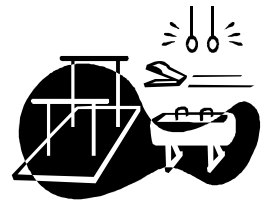


Recreational Gymnastics Registration Form 2010-11



Student Information			
Name:		Sex:	Age: DOB: _____ / ____ / ____
Mother's Name:		Father's Name:	
Address:		City:	ST: Zip:
Home Ph:	Work Ph:	Cell Ph:	
E-mail Address:	Alternative Contact:	Emergency Ph:	
Are there any medical conditions to which we should be alerted? <input type="checkbox"/> Yes (Please Specify below) <input type="checkbox"/> No			
I understand that it is the intent of ACE Gymnastics to provide for the safety and protection of my child therefore, if I am not available, I authorize ACE and its employees to seek attention for my child and to execute orders to authorize emergency medical treatment which may be required.			
_____ <i>Signature of Parent/or Legal Guardian</i>		_____ <i>Date</i>	
How did you hear about us? <input type="checkbox"/> Friend <input type="checkbox"/> Advertisement/Publication--which one? _____			
<input type="checkbox"/> Birthday Party <input type="checkbox"/> Internet/Website <input type="checkbox"/> Other _____			
Selected Classes			
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Class Level:	Coach:	Day:	Time:
Payment Information <input checked="" type="checkbox"/> check payment method			
Annual Registration Fee (<i>prorated quarterly</i>)			\$
<input type="checkbox"/> Monthly Self-Pay due on 1 st (\$10 late fee after the 8 th)	<input type="checkbox"/> Automatic Checking Account Debit (must complete authorization agreement)		\$
<input type="checkbox"/> Quarterly Payment Plan (5% Discount)	<input type="checkbox"/> 6 Month Payment Plan (10% Discount)	<input type="checkbox"/> Yearly Payment Plan (12% Discount)	\$
FOR OFFICE USE--Form of Pmt.: <input type="checkbox"/> Credit Card <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash			\$ TOT.
CREDIT CARD ON FILE (REQUIRED GUARANTEED FORM OF PMT.*)			
<i>*charged to account only if payment is not received on or before the 15th of each month</i>			
Card Holder Name:		Card Type:	
Credit Card #:		Expiration Date:	
Billing Address & Zip Code (if different from Client):			
I fully understand the ACE Gymnastics tuition payment policies of which I am in receipt. In the event that my account is past due, I authorize ACE Gymnastics to charge the credit card indicated above to collect payment for unpaid tuition and all other unpaid items charged by me and/or student(s) on my personal account that are outstanding on the 16 th of each month. I understand the charges applied to my credit card will include a \$10.00 late fee as specified in the payment policies.			
I am aware that check payments or automatic checking account debit transactions with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.			
ACE Gymnastics requires a "30-Day Written Drop Notice" which is strictly enforced. This notice must be received before the first of the month PRIOR to the month dropping. Failure to give notice will result in full payment for one month of tuition. I have read and agree to comply with this requirement.			
_____ <i>Signature of Parent/or Legal Guardian</i>		_____ <i>Date</i>	

TUITION PAYMENT POLICIES

Administrative Hours

Monday - Friday:
7:30 a.m. - 8:00 p.m.
Saturday:
9:00 a.m. - 12:00 noon

- ◆ I understand that tuition is due on the 1st of each month. I also understand that a \$10 Late Fee will be charged to my account if tuition is paid after the 8th of the month.
- ◆ I understand that registration and monthly tuition are non-refundable.
- ◆ I understand that tuition will only be prorated the month of registration if necessary. No other months will be prorated.
- ◆ I understand that my credit card will be charged for any unpaid balances on the 16th of the month.
- ◆ I understand that check payments or automatic checking account debit transactions with insufficient funds will result in a \$30 returned check fee to cover bank penalty charges plus any additional fees.
- ◆ I understand that ACE Gymnastics operates on a fiscal year from August through July and that classes are year round.
- ◆ I understand that a **"30-Day Written Drop Notice"** is required to drop from class. I also understand that the notice must be received before the 1st of the month prior to the month dropping. I understand that I am responsible for tuition for the month notice was not given. Notices received AFTER the 1st week of classes will not be processed until the 1st week of the following month and will take effect the following month.
- ◆ I understand that if my account is "60 Days Past Due" it will be filed with the Credit Bureau. I also understand that I am responsible for any fees incurred in the process of collection.

MONTHLY TUITION	REGISTRATION & CLASS TRANSFERS	CLASS MAKE UP	PRIVATE LESSONS
1 hr. \$ 71.00 1.5 hrs. \$ 89.00 2 hrs. \$ 115.00 2.5 hrs. \$ 137.00 3 hrs. \$ 161.00 3.5 hrs. \$ 185.00 4 hrs. \$ 213.00 4.5 hrs. \$ 241.00 5 hrs. \$ 263.00 <i>Sibling tuition discount of \$10 per month for subsequent siblings.</i> <i>Above rates do not apply to T&T Pre-Team and Boys Pre-Team. See front desk to price these programs.</i> Monthly Bus Fees: 1 day \$ 20.00 2 days \$ 25.00 3 days \$ 35.00 4 days \$ 45.00 5 days \$ 50.00 <i>Monthly tuition/fees subject to change at owner's discretion.</i>	All students are required to register each August. The annual registration fee is \$50 per child or \$75 per family. Prorated quarterly fees are as follows: Nov. 1 Ind. \$ 37.50 Fam. \$ 56.25 Feb. 1 Ind. \$ 25.00 Fam. \$ 37.50 May 1 Ind. \$ 12.50 Fam. \$ 18.75 You may transfer to another class at any time provided there is an opening in another class at the appropriate level for your child. See the front desk for the transfer form and class availability. Mobility into more advanced instructional classes are by coach's invitation only. We reserve the right to combine or cancel any class with less than 4 students.	Lesson plans for your child's class are specifically designated for individual progress and development. We strongly urge you to attend your regularly scheduled class. However, we understand that there are times where absence is unavoidable. For those times we offer pre-designated make up classes. See the front desk for a Make-Up Class Schedule. You may sign up for these classes at the front desk. A sign-up sheet will be posted in advance so that we may staff these classes appropriately. The children attending these classes are divided into age appropriate groups and coached accordingly.	A number of ACE coaches offer private lessons. If you are interested in scheduling a lesson, please see the front desk and they will in turn contact the coach. Availability depends solely on each coach's schedule. If you are not already a member of ACE you will be required to register with the gym. Privates: \$50.00 per hour \$30.00 per ½ hr