

Gymstars Preschool

Enrollment Application

Circle Class Preference:

Mornings:

3's & young 4's

Tues/Thurs 8:30-11:30 am

4's & young 5's

Mon/Wed/Fri 8:30-11:30 am

Afternoons:

4's & young 5's

Mon/Tues/Wed 12:15-3:15 pm

3's, 4's, 5's - New! 4 days

Mon-Thurs 12:15-3:15 pm

Child's Full Name: _____

Preferred Nickname: _____

Date of Birth: _____

Parent's Name(s): _____

Address: _____

City & Zip: _____

Primary Contact #: (____) ____ - ____ 2nd #: (____) ____ - ____

Email 1: _____

Email 2: _____

Mother's Employer: _____

Work Phone #: (____) ____ - ____

Father's Employer: _____

Work Phone #: (____) ____ - ____

Student lives with: MOM DAD BOTH OTHER _____

***If Parent/Guardian cannot be reached, contact:

Name: _____ Relationship: _____

Phone #: (____) ____ - ____ Cell #: (____) ____ - ____

Name: _____ Relationship: _____

Phone #: (____) ____ - ____ Cell #: (____) ____ - ____

***My child may be released to the following persons
(in addition to parents and emergency contacts) ***:

Name: _____ Relationship: _____

Phone #: (____) ____ - ____ Cell #: (____) ____ - ____

Name: _____ Relationship: _____

Phone #: (____) ____ - ____ Cell #: (____) ____ - ____

Please list names and ages of siblings:

What are YOUR expectations regarding your child's preschool experience?

Does your child have allergies or chronic health problems? If so, please list.

Does your child experience any unusual fears? If so, please list.

*Please feel free to share additional information that you feel is important for us to know about your child:

GYMSTARS PRESCHOOL
EMERGENCY CONSENT FORM

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, please complete the following information. In the event of a medical emergency, this form will accompany your child to the hospital/clinic so that medical treatment can be rendered.

I hereby authorize GYMSTARS, LLC staff to give consent for all medical and/or surgical treatment that may be required for my child during my absence.

Child's Name	Date of Birth	Chronic Illness	Allergies	Last DPT	Medications

Physician: _____ Phone #: _____

Home Address of Parent: _____

Parent Employer: _____ Phone #: _____

Health Insurance Company: _____

Member #: _____ Group #: _____

Nearest Relative: _____ Phone #: _____

Parent/Guardian Signature: _____ **Date:** _____

GYMSTARS PRESCHOOL FINANCIAL AGREEMENT FORM

Student: _____

FEES:

Registration fees are required to hold a child's place and are **NON-REFUNDABLE**.

- \$75.00 registration fee for all students each school year

TUITION:

Tuition rate is per child and on a 10 month basis starting Aug 1st.

- 2 days per week \$1550.00 per year payable in 10 payments (August-May) of \$155.00/month
- 3 days per week \$1850.00 per year payable in 10 payments (August-May) of \$185.00/month
- 4 days per week\$2150.00 per year payable in 10 payments (August- May) or \$215.00/month

All Star Tuition (all abilities)

- 2 days per week \$3000.00 per year payable in 10 payments (August-May) of \$300.00/month
- 3 days per week \$4000.00 per year payable in 10 payments (August-May) of \$400.00/month
- 4 days per week\$5000.00 per year payable in 10 payments (August- May) or \$500.00/month

TERMS FOR TUITION PAYMENTS:

1. **Payment Schedule:** _____ initial
 - a. Payments are due on the **1st** day of each month
 - b. Payments start **August 1** and run through **May 1**
 - c. Any dishonored check by a bank or other financial institution for any reason including non-sufficient funds or a closed account will result in a returned check fee of \$30.00
2. **Delinquent Tuition:** _____ initial
 - a. Tuition payment received after the 5th will incur a \$25.00 late fee
 - b. Delinquent tuition for more than 30 days will result in dis-enrollment
 - c. This is a 10 month contract and enrolling party is legally bound to remit full yearly tuition either in lump payment or payment plan. Early termination does not release party from financial responsibility unless management approves.
 - d. Unpaid accounts will be turned over to a 3rd party collections after 60 days
3. **Late Pick Up Charges:** _____ initial
 - a. Students picked up late will be charged \$3.00 for every 5 minutes
 - b. Payment is due when child is picked up. Failure to remit will result in monies owed being added to account balance.

I/WE UNDERSTAND AND AGREE TO FOLLOW THE OUTLINED PROCEDURES FOR PAYMENT. I/WE UNDERSTAND THAT REGISTRATION FEES ARE NON-REFUNDABLE.

Parent/Guardian _____ Date _____
Payments accepted: Cash, Check, and Visa/Debit Checks payable to: **Gymstars**

*GYMSTARS PRESCHOOL
POLICY SIGNATURE FORM*

Please read the Parent Handbook (available on our website) and initial below to confirm that you understand the Gymstars policies and procedures. Please note that this form must be turned in for your child to attend Gymstars Preschool.

_____ I have read and understand the parent handbook that is available at www.gymstarkids.com.

Child's Name _____

Parent Signature _____

Parent Name Printed _____

Date _____

Student Photo Authorization

I understand that Gymstars Preschool may post photos on Gymstars Facebook Page, Preschool Newsletters, and slideshows for Preschool events. I understand that my child's name will not be used.

_____ Opt out: No photos please. I understand that I will NOT see photos of my child on Facebook, Website, Directory, Newsletters, or Program Slideshows.

*Photos are used ONLY for Gymstar Preschool purposes