

# Gymstars Preschool

## 2024/25

### Enrollment Application

Circle Class Preference:

Mornings

4's & young 5's

**Mon-Wed 8:15-11:15 am**

Afternoons

Blended 3's 4's & 5's

**Mon-Thurs 12:00-3:00 pm**

3's & young 4's

**Thurs/Fri 8:15-11:15 am**

Child's Full Name: \_\_\_\_\_

Preferred Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Primary Contact #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ 2nd #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email 1: \_\_\_\_\_

Email 2: \_\_\_\_\_

1<sup>st</sup> Parent's Employer: \_\_\_\_\_

Work Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

2nd Parent'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:

\_\_\_\_\_

**I have enrolled my child in a program of physical activity including but not limited to dance and exercise movements, basic tumbling skills and basic locomotor skills. I understand the inherent risks including injury may result in my child's participation in this activity. I assume the risk and I hereby affirm that my child is in good physical condition and does not suffer from any disability that would prevent or limit him/her from participation in this exercise program. I hereby agree that I, for myself, my children, adopted or otherwise, my heirs or executors, waive and release any and all rights and claims for damage that I may have at any time against GYMSTARS, Children's Fitness Programs LLC or their agents and representatives for any injury or damage in connection with my child's entry in activities sponsored by GYMSTARS, Children's Fitness Programs LLC. I hereby affirm that I have read and fully understand the above.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**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**.

- \$100.00 registration fee for all students each school year
- \$50.00 supply fee due with your first tuition installment.

**TUITION:**

**Tuition rate is per child and on a 9 month basis starting Sept 1<sup>st</sup>.**

- 2 days per week ..... \$2,070.00 per year payable in 9 payments (Sept-May) of \$230.00/month
- 3 days per week ..... \$2,520.00 per year payable in 9 payments (Sept-May) of \$280.00/month
- 4 days per week .....\$2,790.00 per year payable in 9 payments (Sept-May) of \$310.00/month

**TERMS FOR TUITION PAYMENTS:**

1. **Payment Schedule:** \_\_\_\_\_ initial
  - a. Payments are due on the **1<sup>st</sup>** day of each month
  - b. Payments start **September 1** and run through **May 1** (If start date is after Oct 1<sup>st</sup> there will be a half payment in due June 1<sup>st</sup>.)
  - 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 5<sup>th</sup> will incur a \$25.00 late fee
  - b. Delinquent tuition for more than 30 days will result in dis-enrollment
  - c. This is a 9 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 3<sup>rd</sup> 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](http://www.gymstarkids.com).

Child's Name \_\_\_\_\_

Parent's Name Written \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Student Photo Authorization**

I understand that Gymstars Preschool may post photos on Gymstars Facebook/Instagram Page, Website, 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