

Class Enrollment Form 2008/2009

SoCal Gymnastics Training Center, 1740 La Costa Meadows Drive, Suite 501, San Marcos, CA 92078 Tel: (760) 633-3440

Please write the time of your chosen class, the date when your child starts and fill tuition information out completely

| Schedule | Class & Time |
|-----------|--------------|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |
| Saturday | |

Please write class name, day and time (e.g. BegWed4) in Monday row)

| Class & length | Rates |
|--|----------|
| Parent and Me 45 minutes 1x week | \$ 49.00 |
| Preschool 4 1 hour 1x week | \$ 55.00 |
| Beginner – Coed 1 hour 1x week | \$ 55.00 |
| Level 1/2 – Girls (Ages: 7+) 1 hour 1x week | \$ 63.00 |
| Level 3/4 – Girls (Ages 7+) 1 1/2 hour 1x week | \$ 95.00 |
| Cheer Beg. – (Ages 7+) 1 hour 1x week | \$ 63.00 |
| Cheer Inter.- (Ages 7+) 1 hour 1x week | \$ 63.00 |
| Tumbling (Ages 7+) 1 hour 1x week | \$ 63.00 |
| | |

| Tuition | |
|--|----------|
| Tuition for 4 week billing cycle | |
| Tuition Due (If prorated) | |
| Registration Due annually at the time of registering for class | \$ 35.00 |
| Sibling discount (If applicable) | |
| Total Due | |
| Class Start Date | |

Payment:

AMOUNT OF PAYMENT: \$ _____

Check One: Cash; receipt# _____ Check # _____ Credit Card Type _____

Child's Name: _____

Referred by: _____

Please initial each line:

_____ I have read and understand the SoCal GTC 15-day written drop notification policy. If the 15-day written notification is not given, I am still responsible for my tuition payments until the end of the session (August 2009).

_____ I have read and understand that SoCal GTC does not mail invoices. I have a copy of the 2008/2009 Billing Calendar and understand that if payments are made after the billing date, (as shown on the 2008/2009 Billing Calendar) I will incur a \$20.00 per child late fee each month.

I give _____ I do not give _____ permission for my child to be photographed during gymnastics activities. I do understand that these photos may be used for marketing SoCal GTC and its programs.

_____ I have read and understand the Rules and Policy book for SoCal Gymnastics Training Center and agree to abide by them.

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

