

Gymnastics Daycare Registration Form

Child Care Facility Trinity Lutheran Early Childhood Care Center

Child's Name _____ Gender _____ Age _____

Child's Teacher _____

Mother's Name _____ Work Phone # _____

Father's Name _____ Work Phone # _____

Mailing Address _____ Cell Phone # _____

City _____ ZIP _____ Home Phone # _____

There will be an annual registration fee. The month you join will determine the amount you need to pay. If you join class anytime Aug-Nov, the fee is \$25. Dec-Feb is \$21 and Mar-May is \$17.

1. Payment for classes is due the first of the month, payable to Landa Knight, The monthly fee for gymnastics classes is \$40. You may leave your payment in the daycare office.
2. Classes will be held as scheduled unless bad weather prevents travel or the class day falls on a holiday that the daycare is closed.

I will schedule an exhibition at the end of the year so the children can demonstrate the skills we are learning in class. This is a wonderful opportunity for you to see what your child has accomplished this year.

I understand that any sport carries the risk of injury to an athlete. I will not hold Landa Knight responsible for any accidents occurring before, during or after gymnastics activities.

I, the undersigned, have read and understand this liability release.

Signature of Parent or Guardian

Date