## After School Program Registration Form 2023-2024 School Year

Please read the following registration package carefully and fill out each information field completely. To secure your spot, a non-refundable deposit of \$100/CHILD must be paid to Jungle Gym Gymnastics, by e-transfer or credit card, and this package must be returned. This deposit goes towards their annual insurance and administrative fees. Please print clearly.



1.	Nama of Child/	, ,	,		(	SYMNASTICS
1.	Name of Child(	-				
			th (DD/MM/YY)			
						nental conditions, previous
	• Child #	2				
	i.	Name:				
	ii.	Date of Bir	th (DD/MM/YY)	Y):		
	iii.		•	•		nental conditions, previous
	• Child #					
	i.	Name:				
			th (DD/MM/YY)			
	III.		•	•		nental conditions, previous
		injuries, or	nas nad surger	/:		
	• Child #	4				
	ii.	Date of Bir	th (DD/MM/YY)	Υ):		
		Please let	us know if your	child has any n	nedical or n	nental conditions, previous
	ou grant Jungle Gited to publicity,					for any legal use, including but e one)
2.	School Informa					
						Bus #:
3.	Please circle da	ys needed.	Must be the sar	ne day of ever	y week, an	d a minimum of 3 days:
	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	
	Start Date:			_		
4.	Will your child	be registere	d in any other J	ungle Gym Pro	ograms:	

Recreational Class - day/time:

			Dra Campatiti	vo (hv invita) dav/timo:				
		•		ve (by invite) - day/time:day/time (by invite):				
	5.	East fo	or 2023-2024:	day/time (by mytte).				
	Э.			<b>.</b>				
		•	\$70 +tax/weel					
		• \$17 +tax/day (min. 3 days)						
		• \$12+ tax/day if you are registered in a class starting at 4:30pm or 5pm						
		\$0/day if training 4+ hours/week or have a class at 4pm						
		•		<mark>an additional late</mark> fee for pick up past 5:30pm				
			en e	<mark>m-5:45pm = \$25</mark>				
				<mark>m-6:00pm = \$50</mark>				
	6.	Payme	nt Details:					
		•	our After School Program happens through monthly invoices sent out and due					
on the 1st of every month. Payment can be made by credit card or e-transfer								
	(junglegymathletics@outlook.com). You can view and pay your invoices by logging							
		account through our main website: junglegym.uplifterinc.com.						
	7.	Family	Information:					
		•	Parent #1	Name:				
				Cell Phone:				
				Work Phone:				
				Home Phone:				
				Email:				
		•	Parent #2	Name:				
				Cell Phone:				
				Work Phone:				
				Home Phone:				
				Email:				
		•	Home					
		•	Home	Address:				
				City:				
	0	Othora	مام مع المسام	Postal Code:				
	8.	Others	s allowed to pick-up:					
		•	Names:					
	•	Daarda	NOT all a NOT					
	9. People NOT allowed to pick-up:							
	10	Names:						
	10.	0. Password:						
		•	•	d will be required upon pick-up by any adult, including parents.				
		•						
	<b>11.</b>		IT DAYS:					
		•		T notify Jungle Gym on the days that their child will not be getting off the				
			bus, by phone					
l, _		(parent/guardian printed name), agree to the following:						
		✓ I have completed and understand all information fields in this package.						
		✓ I h	ave paid the no	n-refundable \$100/child deposit				
	<ul> <li>✓ I have submitted photos (by email) of myself, my child(ren) and those allowed to pick-up</li> <li>✓ I am responsible for letting staff of the Jungle Gym know when my child(ren) will not be gettin off the bus at the facility, by phone call only.</li> </ul>							
	✓ I understand that there is no refund or credit given if a child is sick.							
	✓ I understand that if the buses are cancelled, we will still be running our after school program.							
				child upon pick-up from the gym.				
Par	ent,	/Guardi	an Signature: _	Date:				