



After School Program Registration Form 2025-2026 School Year

Please read the following registration package carefully and fill out each information field completely. To secure your spot, a non-refundable registration fee of **\$100/CHILD** must be paid to LVX. Please print clearly.

1. Name of Child(ren):

- Child #1
 - i. Name: _____
 - ii. Date of Birth (DD/MM/YYYY): _____
 - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

- Child #2
 - i. Name: _____
 - ii. Date of Birth (DD/MM/YYYY): _____
 - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

- Child #3
 - i. Name: _____
 - ii. Date of Birth (DD/MM/YYYY): _____
 - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

- Child #4
 - i. Name: _____
 - ii. Date of Birth (DD/MM/YYYY): _____
 - iii. Please let us know if your child has any medical or mental conditions, previous injuries, or has had surgery:

****Do you grant LVX Incorporated permission to use photographs of your child(ren) for any legal use, including but not limited to publicity, advertising, illustration, and social media (please circle one)**

YES

NO

2. School Name: _____

3. Please circle days needed. Must be the same day of every week, and a minimum of 3 days:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

Start Date: _____

4. Fees for 2025-2026:

- \$85 +tax/week
- \$20 +tax/day (min. 3 days)
- \$15 +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
- **There will be an additional late fee for pick up past 5:30pm**
 - i. 5:31pm-5:45pm = \$25
 - ii. 5:46pm-6:00pm = \$50

5. Payment Details:

- Payment for our After School Program happens through monthly invoices sent out on the 1st of every month.
- A credit card must be saved on your account, and the monthly fee will be charged automatically.
- **Any fees that are not paid on the 1st of the month (declined credit card etc.) will be subject to a \$50 late charge**
- You can review your invoices by logging into your account through our main website: junglegym.uplifterinc.com.
- Credit Card Information (to be saved to account)

☐ I already have a credit card saved to my account

Credit Card # _____

Name on Card: _____

Expiry Date: _____ CVV: _____

6. Family Information:

- Parent #1 Name: _____
 Cell Phone: _____
 Work Phone: _____
 Home Phone: _____
 Email: _____

- Parent #2 Name: _____
 Cell Phone: _____
 Work Phone: _____
 Home Phone: _____
 Email: _____

- Home Address: _____
 City: _____
 Postal Code: _____

7. Others allowed to pick-up:

- Names: _____

8. People NOT allowed to pick-up:

- Names: _____

9. Password:

- This password will be required upon pick-up by any adult, including parents.
- Password: _____

10. ABSENT DAYS:

- Parents MUST notify LVX on the days that their child will not be getting off the bus, by email or phone.

I, _____ (parent/guardian printed name), agree to the following:

- ✓ I have completed and understand all information fields in this package.
- ✓ I understand that I am responsible for letting staff of LVX know when my child(ren) will not be getting off the bus at the facility, by email.
- ✓ 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 the After School Program.
- ✓ I understand the program does not run when there is no school: holidays, PA Days etc.
- ✓ I understand that I must sign out my child upon pick-up from the gym.
- ✓ I have completed the credit card information section.
- ✓ I have thoroughly read and understand the After School Program Policy.
 - I am familiar with the cancellation and schedule change section.
 - I am familiar with the parent/guardian expectations section.
 - I am familiar with the dismissal from program section.

Parent/Guardian Signature: _____

Date: _____