



After School Program Registration Form 2026-2027 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 2024-2025:

- \$85 +tax/week
- \$20 +tax/day (min. 3 days)
- \$15 +tax/day if you are registered in a class starting at 5pm (on same day)
- \$0/day if training at 4pm/4:30pm (on same day)
- **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 are responsible for reviewing your invoices monthly. You can review your invoices by logging into your account through our main website: lvxgymnastics.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: _____