

TWISTERS PRESCHOOL ACADEMY

REGISTRATION FORM

Twisters Gymnastics 321 Stagecoach Rd 308-381-0217
Preschool Director: Mandy Westerby Phone 308-379-3601
Email Mandy at twisterspreschoolacademy@gmail.com

CHILD'S NAME _____ Age _____ Gender _____ Birthdate _____

2 Day Class
\$110 per month
Mon/Wed 8:30-11

3 Day Class
\$155 per month
Tues/Wed/Thurs 8:30-11

4 Day Class
\$190 per month
Mon/Tues/Wed/Thurs 11:45-2:30

Parent/Guardian's Name: _____
Employer: _____
Business Phone _____
Mobile Phone _____
Email address _____

Parent/Guardian's Name: _____
Employer: _____
Business Phone: _____
Mobile Phone: _____
Email address: _____

Address: _____ Home Phone: _____
 Street City State Zip

PROMISE TO PAY PROCEDURES & PARENTS'S MEDICAL RELEASE SIGNATURES

Please read the Policies & Procedures below carefully. Your signature acknowledges that you have read and understand the items listed below. Toilet training - we will give a 30 day grace period to allow the child to adapt to the school routine however after that all students must be completely toilet trained (no pull ups).

*You will receive a PARENT HANDBOOK with additional policies for preschool.

REGISTRATION FEE: \$52.00 Registration fee is due at the time of sign up. It is NON-REFUNDABLE.

TUITION: Tuition is paid monthly. It will be due on the 1st and delinquent on the 5th regardless of the day of the week the 5th falls on. Tuition is non-refundable after classes begin. There are **NO refunds or credits for illness or inclement weather. We require a 30 day notice if you drop out of the preschool class.**

There will be a \$30.00 charge for NSF checks and declined credit/debit cards.

A student will not be allowed to continue preschool if their bill is more than 30 days past due.

Parent or Guardian Signature _____

PARENTS RELEASE: It is my understanding that every possible precaution will be taken to prevent accidents and to avoid injury. However, in the event of some unfortunate accident or injury, I do hereby release the **G.I. TWISTERS GYMNASTICS**, the owners and the staff members from any and all liability resulting therein.

MEDICAL RELEASE: As parents or legal guardians of the minor child named _____

We do hereby give authority to staff members of **TWISTERS GYMNASTICS** to obtain all necessary medical assistance for the above named child in the event of an emergency, including the care of a physician and/or hospital. This authorization is granted for situations when a parent or guardian cannot be reached immediately.

SIGNATURE: _____ DATE _____

Parent/Guardian

*There will be additional policies explained in the Parent Handbook for the preschool.

MEDICAL INFORMATION

Family Dr. _____	Phone Number _____	
Insurance Company: _____		
ID Number/Policy #: _____		
*****Please check the following for our records*****		
_____ Glasses	_____ Epilepsy	_____ Daily Medication (Please describe)
_____ Asthma	_____ Allergies	_____
_____ Diabetes	_____ Hard of Hearing	
_____ Orthopedic Info _____		

Emergency Contact Information:

Person to contact in case of emergency (Other than parent) Relationship: _____

Phone # _____

