

Flips Fall Registration Form

This registration form is only to be filled out by students enrolled at Flips during the 2008-2009 school year or 2009 summer program.

Student Information

Phone Number (on account) _____
 Contact Number (if different) _____

Child's Name _____

1st choice*.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

2nd choice.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

Child's Name _____

1st choice*.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

2nd choice.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

Child's Name _____

1st choice*.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

2nd choice.....Program: _____ Age/grade: _____ Level: _____ Day: _____ Time: _____

***No news is good news! WE CALL ONLY IF THERE IS A PROBLEM GRANTING YOUR FIRST CLASS CHOICE**

Please check this box if you want all children at the same time even if it isn't your 1st choice

Payment Information AUGUST TUITION IS 1/2 PRICE

Deposit		August Tuition	August for Siblings
45 minute class:	\$66.00	August: (1st child) \$33.00	\$30.50 each
75 minute class:	\$88.00	August: (1st child) \$44.00	\$41.50 each
90 minute class:	\$100.00	August: (1st child) \$50.00	\$47.50 each
180 minute class:	\$150.00	August: (1st child) \$75.00	\$72.50 each

\$5.00 discount is already included for each additional family member
 Make checks payable to Flips Gymnastics.

Registration Fee (\$30.00 per child)..... \$ _____
 Deposit \$ _____
 (equal to one students lonest class, monthly tuition, no more than \$100.00)
 1st Child Tuition (August).....\$ _____
 2nd Child Tuition (August for siblings).....\$ _____
 3rd Child Tuition (August for siblings).....\$ _____
 Total Tuition Due.....\$ _____

Payment by Credit Card: Flips Gymnastics may debit my credit card for the above amount:

X _____ **Date** _____
Card Information (circle): **Visa** **or** **Mastercard**

Card Number: _____

Exp. Date: _____