



Shooting Stars Gym ~n~ Learn

2017-2018 STUDENT REGISTRATION

Child's Name: _____ Child's Date of Birth: _____

Parent's Name(s): _____

Home Address: _____

Home #: _____ Work #: _____ Cell #: _____

E-mail Address: _____

Place a checkmark next to your class choice.

Pre-K (4 years old by August 1, 2017)
 _____ Monday/Wednesday/Friday 9:30 – 1:30 \$200.00/month

*We offer a
sibling discount
of 10%.*

Older 3's (3 years old by August 1st & fully potty trained)
 _____ Monday/Wednesday/Friday 9:30 – 1:30 \$200.00/month
 _____ 2 days 9:30 – 1:30 \$185.00/month

*School will begin
August 21st. 2017*

Young 3's (Must be 3 by December 1, 2017)
 _____ 1 day 9:30 – 1:30 \$100.00/month
 _____ 2 days 9:30 – 1:30 \$185.00/month
 _____ 3 days 9:30 – 1:30 \$200.00/month

**Please choose your child's
T-shirt size:**
 ___ XS (2-4) ___ S (4-6)
 ___ M (6-8) ___ L (8-10)

I understand that a \$75.00 non-refundable registration fee, a copy of my child's birth certificate, a copy of my child's shot records, and a signed Waiver must accompany this form to complete my child's registration. My fee will include a Shooting Stars T-shirt, school supplies and curriculum materials.

Parent/Guardian Signature

Date: _____

Referred by _____

Registration paid by: check # _____ cash _____ credit card _____ amount \$ _____

Documents Received: waiver _____ birth certificate _____ shot record _____