

March 26th - 30th

SPRING BREAK CAMP

REGISTRATION FORM

Office Use Only:

Deposit: \$ _____

cash/chk# _____

Balance: \$ _____

cash/chk# _____

Paid in full: _____

COST: FULL DAYS ~ \$75/day, HALF DAYS ~ \$50/day, EXTENDED HALF DAYS ~ \$55/day

*** (Save 10% for registering, in advance, for all 5 days!) ***

MAKE-UP POLICY: We will be happy to arrange make-ups in the event of a missed day. ** (Based on available space). ** Junior Gym must be given 48 hours notice (to fill your child's space) in order for you to receive a make-up credit. **PLEASE NOTE:** We understand that there are circumstances that are beyond your control, the result of which a 48-hour notice is not possible. However, there will be NO exceptions to this policy. _____ (Initial)

REFUND POLICY: Tuition will not be refunded after your child's first day of camp. No exceptions. _____ (initial)

(PLEASE PRINT)

CHILD'S NAME(S): 1) _____ M/F: _____ AGE: _____

2) _____ M/F: _____ AGE: _____

PARENT'S NAME: _____ PHONE: (H) () _____

CELL: () _____ (W) () _____

COMPLETE ADDRESS: _____

NUMBER

STREET

CITY

ZIP CODE

EMAIL ADDRESS: _____

EMERGENCY CONTACT (OTHER THAN YOURSELF): _____

PHONE: () _____

FRIENDS ATTENDING CAMP: _____

ALLERGIES OR SPECIAL ATTENTION: _____

**** FOR OBVIOUS SAFETY REASONS, PLEASE DO NOT PACK ANY NUTS OR PEANUT BUTTER****

FILL IN THE TIME, ON THE CHART BELOW, YOUR CAMPER(S) WILL ATTEND:

GUIDE: FULL DAY: 9AM ~ 4PM (Bring lunch), HALF DAYS: 9AM ~ 12PM OR 1PM ~ 4PM,

*EXTENDED HALF DAYS: 9AM ~ 1PM OR 12PM ~ 4PM (Bring lunch)

| | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY |
|---------------|--------|---------|-----------|----------|--------|
| March 26 - 30 | | | | | |

In case of emergency, I understand that the Junior Gym staff will notify me, or the person I have designated above, and should Junior Gym be unable to locate either one, I hereby grant authority to the Junior Gym staff to take such temporary measures, as they deem appropriate. I understand that Junior Gym is not responsible for clothing or lost items or any medical expenses. I agree to the above policies and procedures and understand there are no exceptions.

SIGNED (PARENT OR GUARDIAN): _____ DATE: _____

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