

# Flip N Cheer-2011-2012

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## PARENT INFORMATION

Parent \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Phone-Home \_\_\_\_\_ Email \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

## CHILD INFORMATION

Participants Name \_\_\_\_\_ DOB \_\_\_/\_\_\_/\_\_\_ Class Name \_\_\_\_\_ Day-Time \_\_\_\_\_ Fee \_\_\_\_\_

## EMERGENCY CONTACT

1) Name \_\_\_\_\_ Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Phone \_\_\_\_\_

## HEALTH HISTORY

Does the student have....	Yes	No	Does the student have....	Yes	No
• ADD			• Allergies		
• ADHD			• Diabetes		
• Autism			• Asthma		
• Learning Disability			• Hearing Problems		
• Epilepsy Seizures			• Heart Problems		
• Other (please explain):					

If the answer to any of the above is YES, please explain. \_\_\_\_\_

## POLICIES

The season runs from September 6, 2011 to May 25, 2012. Class prices are based on a monthly basis. Payment is due on the 1<sup>st</sup> of every month. A late payment of \$15.00 will be assessed if the monthly payment isn't received by the 1<sup>st</sup> of each month.

If you choose withdraw your child from the season, you are required to give a 30 day notice and complete a drop form or you will be charged for the following month. This allows us to fill the classes to full capacity.

In the event of an emergency our policy is to make every effort to contact the parents and call 911.

I agree to the registration and the above policies of Flip N Cheer.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<u>For Office Use Only:</u>			
Cash			
Check	Check No:		
Credit Card	Visa: MasterCard:	Credit Card No:	Expiration Date: ___/___