



Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

DOB of Child \_\_\_\_\_ Home Phone \_\_\_\_\_

Email Address \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Registering for:

Class: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \_\_\_\_\_

Class: \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_ Cost \_\_\_\_\_

Amount enclosed: \_\_\_\_\_

**Classes \$125 (30 minute classes deduct \$15)**

**Members save 20% per class- Must register & pay by December 31<sup>st</sup>, 2011**

**After December 31<sup>st</sup>- 10% discount applies**

**Non-Members save 10% per class if paid by December 31<sup>st</sup>, 2012**

**Siblings save 50% for same class and 25% for separate class**

**Register for a second class for \$75.00**

Ensuring the safety of your child(ren) while at Tumbling Tykes is of utmost importance. By Entering into this agreement to enroll your child(ren) in our program, you agree not to hold Tumbling Tykes or any of its staff responsible for any injuries that may occur to your child(ren) during this program.

Parent's Signature \_\_\_\_\_

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

**Mail forms to: Tumbling Tykes, 1050 Troy Schenectady Rd, Latham, NY 12110**

**783-0767 [www.tumblingtykes.org](http://www.tumblingtykes.org)**