

**Office Use**

Annual Registration Month/Start Date \_\_\_\_\_ Paid – cash/check/credit \_\_\_\_\_ Date \_\_\_\_\_

**Fall 2010 – Summer 2011 Registration Form**

\*Please include the class name, day, and time that your are registering your child(ren) on the space next to class.

1) Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Returning Student Yes/No  
Class 1) \_\_\_\_\_ Class 2) \_\_\_\_\_ Class 3) \_\_\_\_\_

2) Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Returning Student Yes/No  
Class 1) \_\_\_\_\_ Class 2) \_\_\_\_\_ Class 3) \_\_\_\_\_

3) Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Returning Student Yes/No  
Class 1) \_\_\_\_\_ Class 2) \_\_\_\_\_ Class 3) \_\_\_\_\_

Parent's Names \_\_\_\_\_  
Home Phone \_\_\_\_\_ Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_  
Emergency contact in case a parent can't be reached \_\_\_\_\_ phone numbers \_\_\_\_\_  
Physician's Name \_\_\_\_\_ phone \_\_\_\_\_  
Important Medical Information/Allergies/Asthma/Medications (please list the child's name)  
\_\_\_\_\_  
\_\_\_\_\_

Special Concerns \_\_\_\_\_  
Injuries/Sprains/Fractures \_\_\_\_\_

**Permission to Treat**

I, the parent/guardian (circle) of \_\_\_\_\_, give permission for emergency medical treatment should an accident occur in my absence. I fully understand that Angela LaMagdelaine and any faculty members are not physicians or medical practitioners of any kind. With that in mind, I hereby release Angela LaMagdelaine, Angela's Flip Zone LLC, to render first aid to my child in the event of an injury or illness, and if deemed necessary to call an ambulance which I agree to pay for. As a parent or legal guardian, I agree to provide health insurance for the minor child and/or guarantee and/or guarantee payment of any medical expenses incurred as a result of training, performing, or participation in activities with Angela LaMagdelaine, Angela's Flip Zone LLC.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Policies and Procedures**

I have received and/or read the entire 2010-2011 policies and procedures for Angela's Flip Zone. I fully understand its content.

Some of the policies include:

- \*Tuition is the same regardless if there are 3, 4, or 5 weeks in a month.
- \*Tuition is due the first class of the month, and after the 7<sup>th</sup> a \$10 late fee will be charged to all accounts.
- \*Two weeks notice needs to be given prior to withdrawing or switching your child's class.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**Auto Payments Are Available**

- \*Avoid late fees and the hassle of writing checks.
- \*Choose either the 1<sup>st</sup> or 5<sup>th</sup> of each month for auto withdrawal.
- \* If you are interested in auto payments please fill out the auto payment form and return to the front desk. All returning students wanting to continue with auto payments will need to fill out a new form. Thank you!