

OFFICE USE

Annual Registration Month/Start Date _____ Paid~cash/check/credit _____ Date _____

Fall 2011- Summer 2012 Registration Form

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

1) Child's Name _____ Age _____ DOB _____ Returning Student Yes/No
Class 1) _____ Class 2) _____ Class 3) _____

2) Child's Name _____ Age _____ DOB _____ Returning Student Yes/No
Class 1) _____ Class 2) _____ Class 3) _____

3) Child's Name _____ Age _____ DOB _____ Returning Student Yes/No
Class 1) _____ Class 2) _____ Class 3) _____

Parent's Names _____
Home Phone _____ Mom's Cell _____ Dad's Cell _____
Address _____ City _____ Zip _____

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 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 2011/2012 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 7TH 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