



Tumble Time

2018-2019 Preschool Registration

****Annual fees are due at the time of registration****

Date of Enrollment: _____ Est. End Date: _____

Child's Name _____ Birth Date _____

Days/Times Attending: _____

Mailing Address _____

(Street)

(City)

(State)

(Zip)

Home Phone _____

Mom's Name _____

Mom's Work # _____ Mom's Cell # _____

E-mail _____

Dad's Name _____

Dad's Work # _____ Dad's Cell # _____

E-mail _____

Emergency Contact #1 _____ Relation _____

(must be different than parent)

Emergency Phone _____ Cell # _____

Emergency Contact #2 _____ Relation _____

(must be different than parent)

Emergency Phone _____ Cell # _____

Medical / Allergic Conditions _____

Days Attending Tumble Time: _____ Hours Attending: _____

Parent / Guardian Signature: _____ Date _____

*****All Children Must Provide Immunization Records or Exemption Form*****

Tumble Time Gymnastics

1379 N Cloverdale Rd

Boise, ID 83713

(208) 375-0063

www.tumbletimegymnastics.com



Tumble Time Gymnastics

Happy Healthy Families



RELEASE OF LIABILITY

TUMBLE TIME GYMNASTICS, INC.

I understand that in enrolling my child in the Tumble Time Gymnastics program, my child will be involved in many activities intended to challenge and advance my child's motor skill and social development, including physical exercise and activities involving physical interaction with other children. I understand that Tumble Time Gymnastics, Inc. and its employees cannot provide any guarantee that my child will not be injured in the course of these activities. I further understand that Tumble Time Gymnastics, Inc. cannot provide any assurance that my child will achieve a particular benchmark of progress. I hereby recognize and assume the foregoing risks.

As partial consideration for the enrollment of my child in the Tumble Time Gymnastics program, I hereby, for myself, each member of my family, my and their heirs, administrators, and assigns, release and discharge Tumble Time Gymnastics, Inc. and its respective agents, officers, directors, staff, and employees from all claims, demands, actions and causes of action of any sort, for injury sustained to my child's person and/or property, including the loss or theft of property, while participating in, preparing to participate in, and following participation in programs and activities offered by Tumble Time Gymnastics, Inc..

I represent that all of the reference to "my child" in this release are intended to refer to the child whose name and age are entered hereunder and I hereby further represent that I am the child's Parent / Guardian and that I have full authority to authorize my child's participation in Tumble Time Gymnastics programs and activities without the consent or approval of any other person or organization. I hereby agree to indemnify and hold Tumble Time Gymnastics, Inc. and its agents, officers, directors, staff, and employees harmless from any cost, loss, liability or expense arising out of or in any way related to the injury or death of my child as a result of his or her participation in Tumble Time Gymnastics programs and activities. I further agree to hold Tumble Time Gymnastics, Inc. harmless from any loss, liability, expense or claim asserted by any person other than Tumble Time Gymnastics, Inc.'s staff and employees who transports my child, accompanies my child, myself, or otherwise assists my child in participating in Tumble Time Gymnastics activities and programs.

Parents: Please be advised that any activity involving motion or height creates the possibility of accidental injury and even death. Parents assume all responsibility for any injury or death due to participation in these activities.

Emergency Care: If my child requires emergency care, I hereby authorize Tumble Time Gymnastics, Inc., its officers, staff and employees to obtain care and treatment for my child without further authorization.

Tumble Time Gymnastics and Education Center Photo Release:

By signing this I consent to and authorize the use and reproduction, without compensation, of any and all photographs and any other audio/visual materials taken of my child for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

For purposes of this agreement, "my child" shall refer to each of the following:

[Print Child's Name] _____ [Date of Birth] _____

[Print Child's Name] _____ [Date of Birth] _____

[Print Child's Name] _____ [Date of Birth] _____

I have read and understand and agree to the terms. I have signed this release.

Signature: _____ Today's Date _____

In the event of an emergency, if I cannot be reached please contact:

Name: _____ PhoneNo: _____



Tumble Time Pick up Authorization

Please list anyone who may pick up your child or children here at Tumble Time including Mom & Dad. This is for your child's security and will help us with pick up at the end of day.

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Signature _____ Date _____

Permission for Transportation

I, _____, give my child, _____, permission to be transported to and from Tumble Time Gymnastics in the Tumble Time Gymnastics Van and/or Bus.

I also give permission for my child/children to attend all Tumble Time Gymnastics field trips.

Signature _____ Date _____



Tumble Time Preschool Guidelines and Policies



Enrollment

The following forms must be completed and returned before a child enters the program:

- Registration packet including: Pick up authorization & Transportation form, Release of Liability Waiver, Preschool Guidelines and Policies signed
- Copy of immunization record
- A Non REFUNDABLE annual fee and supply fee.

A child is considered enrolled when all forms are returned and the registration fees have been paid.

Illness

Please be considerate of other children and do not send a sick child to school. A fever of 100* or higher, red eyes or pink eye, sore throat, unexplained rash, yellow or green runny nose, vomiting, or diarrhea in the past 24 hours are symptoms that would require your child to stay home. If your child develops these symptoms while at school; we will call you and ask that your child be picked up within one hour. An ill child will be isolated and given appropriate care until you arrive. Any child with these symptoms may **NOT** return until they are symptom free for at least 24 hours or have a doctor's note releasing them to return to class.

Arrival & Pick up Please arrive and pick up **PROMPTLY!**

Arrival time is 9:00am. Late fees for parent pick-up are calculated at \$1.00 per minute per child. After 15 minutes, \$2.00 per minute per child.

Non-School Days

Any non-school days are an additional cost. You must sign your child up to attend Tumble Time for the non-school day if we elect to offer care. This includes unscheduled days such as weather/ snow days.

Payments

Payment is due by the 1st of each month. Payment should be made to the front office.

Payments received after the 7th will receive a 10% late fee and child will be dropped from the program.

NO REFUNDS ARE GIVEN!

Make Ups

Make ups will not be given for missed days. Days missed for any reason will be forfeited.

Cancellations

30 days written notice is required. Failure to give proper notice will result in being billed for the next month. Please provide written notice to the front office as well as the preschool staff when withdrawing from the preschool program. 30 days notice is required if not attending Summer Preschool.

Schedule Changes

15 days written notice is required for any permanent schedule change to ensure class availability. Failure to give proper notice may result in inability to change schedule and/or billing for the current month. Please contact the front office as well as the preschool staff when withdrawing from the preschool program.

All Students must have a current copy of immunizations

I _____ have read and understand all Tumble Time policies and guidelines.

Signature: _____ Date: _____

Payments

I _____ have a contract with Tumble Time to have my child/ren _____ enrolled in Tumble Time Education Center on _____ (days) from _____ (Times) for the monthly Tuition amount(s) of _____. If I fail to give 30 days written notice, I understand my credit card will be automatically billed for the aforementioned monthly tuition amount.

Parent Signature

Tumble Time Signature

Date

Payments

Payment is due by the 1st of each month. Payment should be made to the front office.
Payments received after the 7th will receive a 10% late fee.

Cancellations

30 days written notice is required. Failure to give proper notice will result in your credit card on file being automatically billed the next months tuition. Please contact the front office as well as the preschool staff when withdrawing from an educational program.

Credit Cards

Tumble Time requires that you keep a credit card number on file with us. If you fail to pay by the 7th your 10% late fee will be applied and your credit card will be charged. You have the option to set up automatic billing. Check the box below if you would like your card to be billed automatically on the first of the month.

Name on Credit Card: _____

Type of Credit Card: Visa Master Card Amex

Credit Card Number: _____

Expiration Date: _____ CVC Code: _____

Billing Zip code: _____

Signature: _____

- Please auto bill my card on the first of the month