

WE ARE NOT A DAY CARE! WE ARE AN AFTERSCHOOL SPORTS CAMP! Our goal is to develop happy well-rounded and physically fit children. We provide limited pick up for certain schools. Camp starts at 3:00pm and may stay as late as 6:30pm each day. There is a \$1.00 late fee for each minute after 6:30!

INITIALS

COST

The charge for the Royal Afterschool Sports Camp is \$89.00 per week. For walking pick up at certain schools, the charge is an additional \$40.00 per week.

INITIALS

CONTRACT

Royal Gymnastics requires a 4 consecutive month commitment.

INITIALS

REGISTRATION INSTRUCTIONS

First fill out all required information and payment method in our on line system to guarantee your child spot. Then print this page (also available at our office), initial, sign and bring it before dropping off your child.

INITIALS

PAYMENT

All payments are due the Friday prior to the week of service. If your card is declined and your payment method is not replaced on time, an extra charge of \$10.00 per day per child, starting on the following Monday, will apply.

INITIALS

We understand cards get lost, accounts may change, but we want you to support our program by providing us with a **security deposit** of one week in advance (\$89.00 or \$129.00) in the event of payment failure reoccur.

INITIALS

Royal Gymnastics is requires all students to PRE PAY a flat rate of \$89.00 weekly or \$129.00 (school pick up). Regardless of attendance, early pick up or late drop off, your rate stays the same NO EXCEPTIONS. We offer a sibling discount of 10% to your second and third child.

INITIALS

DROP POLICY (After contract term)

A 15 DAY WRITTEN NOTICE prior to week dropping. You are responsible for full payment for the week of Royal Afterschool Sports Camp if you fail to give notice.

INITIALS

NO REFUNDS

If student has paid and was not able to use the service for one or all days in any week for any reason, Royal Gymnastics will not refund or allow credit transfers.

INITIALS

Student: _____ D.O.B.: ____/____/____ Age: _____

Student: _____ D.O.B.: ____/____/____ Age: _____

School Name: _____ Coach pick up [Y] [N] Driver: _____ cell# _____

Persons authorized to pick up: _____ - _____ - _____

Emergency contact: Name _____ Relationship _____

I, _____ understand and agree with the above policies:

Parent Signature: _____ Cell: _____ Date: ____/____/____

Thank you for your understanding and helping us provide the best possible environment for your children.