

# TWISTER'S PRESCHOOL ACADEMY REGISTRATION FORM

Twisters Gymnastics

321 Stagecoach

308-381-0217

Preschool Director: Mandy Westerby Phone: 308-379-3601

Email: [twisterspreschoolacademy@gmail.com](mailto:twisterspreschoolacademy@gmail.com)

CHILD'S NAME \_\_\_\_\_ Age \_\_\_\_\_ Birthdate: \_\_\_\_\_

Please circle the option you prefer:

Monday and Wednesday 8:45-11:15  
\$85 per month

Monday, Wednesday, and Thursday 8:45-11:30  
\$125 per month

Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Street City State Zip

## PROMISE TO PAY PROCEDURES & PARENTS'S MEDICAL RELEASE SIGNATURES

Please read the Policies & Procedures below carefully. Your signature acknowledges that you have read and understand the items listed below. \*You will receive a PARENT HANDBOOK with additional policies for preschool.

**REGISTRATION FEE: \$40.00** Registration fee is due at the time of sign up. It is NON-REFUNDABLE.

**TUITION:** Tuition is paid monthly. It will be due on the 1<sup>st</sup> and delinquent on the 5<sup>th</sup> regardless of the day of the week the 5<sup>th</sup> falls on. Tuition is non-refundable after classes begin. There are **NO refunds or credits for illness or inclement weather. We require a 30 day notice if you drop out of the preschool class.**

**There will be a \$30.00 charge for NSF checks.**

A student **will not** be allowed to take classes if their bill is more than **30 days past due.**

**PARENTS RELEASE:** It is my understanding that every possible precaution will be taken to prevent accidents and to avoid injury. However, in the event of some unfortunate accident or injury, I do hereby release the **G.I. TWISTERS GYMNASTICS**, the owners and the staff members from any and all liability resulting therein.

**MEDICAL RELEASE:** As parents or legal guardians of the minor child named \_\_\_\_\_ we do hereby give authority to staff members of **TWISTERS GYMNASTICS** to obtain all necessary medical assistance for the above named child in the event of an emergency, including the care of a physician and/or hospital. This authorization is granted for situations when a parent or guardian cannot be reached immediately.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

Parent/Guardian