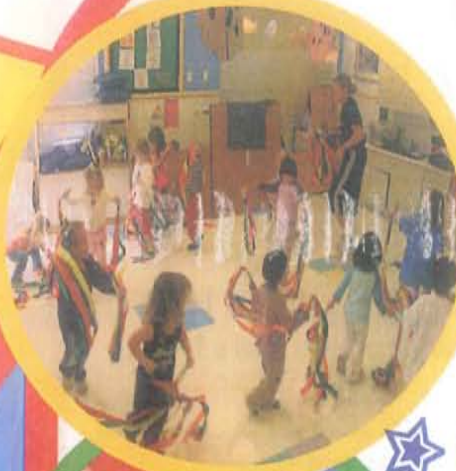




FUNtastic Fitness

ONLY \$30!

## DON'T LET YOUR CHILD MISS OUT ON ALL THE FUN!



★ **NO** registration fee! Most **AFFORDABLE** too!

★ Non-Stop **FUN** fitness adventures that promote sports & school **READINESS**.

★ Your child will **NEVER BE BORED!**

From sports equipment to hula hoops, we use a variety of skill-specific props!

★ Dynamic Discussions on **NUTRITION & HEALTH!** Curriculum & Newsletters to educate the whole family!

**CLASSES  
HELD WEEKLY AT  
YOUR SCHOOL!**



FUNtastic Fitness

# ENROLLMENT IS EASY!

817.473.7870 OR BETH@SNGFITNESS.COM

WWW.SNGFITNESS.COM

## REGISTRATION FORM

Child's name \_\_\_\_\_ Circle M or F Age \_\_\_\_\_

Childcare facility \_\_\_\_\_ Major street \_\_\_\_\_

Child's classroom \_\_\_\_\_ Shirt Size XS<sup>(2-4)</sup> S<sup>(6-8)</sup> M<sup>(10-12)</sup> L<sup>(14-16)</sup>  
 (Add \$10 to registration for your child's t-shirt)

### ENROLLMENT POLICIES

- ★ **TUITION:** Accrues monthly and is due on 1st class of each month. Payment must be made regardless of attendance while enrolled. No refunds after payment is received. Tuition is based on 4 classes per month. Some months may have 5 weeks, some have 3.
- ★ **FEES:** \$5 late fee for tuition not received by the 7th. \$30 fee on all returned checks.
- ★ **CANCELLATION:** To withdraw your child, you must notify our office (not the school or teacher). If you fail to notify us directly, billing will continue to accrue for which you will be responsible. No refunds after payment is received. Drops must be made by 1st of month.
- ★ **RELEASE:** In consideration for your child being enrolled, you hereby release SNG from any claims, demands and causes of action arising from your child's participation in the program.

### PARENT/GUARDIAN INFORMATION

Parent/Guardian Name Printed \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_  
(signature acknowledges acceptance of policies)

Date \_\_\_\_\_ Phone \_\_\_\_\_

E-mail address \_\_\_\_\_  
(VERY important for billing and newsletters)

Street address \_\_\_\_\_

City \_\_\_\_\_ Zip code \_\_\_\_\_

### YOUR TOTAL:

- MONTHLY TUITION \$30
- YOUR CHILD'S T-SHIRT \$10

**TOTAL** \_\_\_\_\_

### PAYMENT OPTIONS (Choose One)

- AUTOMATIC CREDIT CARD BILLING \$30/MO**  
(Please provide information below)
- MONTHLY INVOICING VIA E-MAIL \$30/MO**  
(Invoice can be paid on-line or can serve as a reminder to pay by check)

Card Type  Visa  MasterCard  Discover

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Cardholder's name \_\_\_\_\_  
(as shown on credit card)

Cardholder's Signature \_\_\_\_\_  
(signature authorizes monthly billing on card)

\*Automatic Billing is on the 7th of each month. You may cancel this authorization at anytime by contacting our office.