

Student, Class and Payment Information

1	Student's Name _____	New	Re-Enroll	Add Class
	1. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	2. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	Monthly Fee _____ Reg. Fee _____ Insurance _____ Prorate _____ #Classes _____			
	Total _____ Received By _____ Paid: _____ Check# _____ Cash _____ Charge _____			
2	Student's Name _____	New	Re-Enroll	Add Class
	1. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	2. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	Monthly Fee _____ Reg. Fee _____ Insurance _____ Prorate _____ #Classes _____			
	Total _____ Received By _____ Paid: _____ Check# _____ Cash _____ Charge _____			
3	Student's Name _____	New	Re-Enroll	Add Class
	1. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	2. Class Day _____ Class Time _____ Code, Location _____ Coach _____ Start Date _____			
	Monthly Fee _____ Reg. Fee _____ Insurance _____ Prorate _____ #Classes _____			
	Total _____ Received By _____ Paid: _____ Check# _____ Cash _____ Charge _____			
Grand Total (for more than 1 child) _____ Received By _____ Check _____ Cash _____ Charge _____				

Please read and sign your approval of the following policies of Azarian U.S. Gymnastics Training Center, Inc.:

~ *Discounted tuition rate applies only when tuition is received on or before the first calendar day of the month. Regular tuition rate applies to payments made after the first of the month. Payments received after the fifth of the month will be subject to a \$10 late fee.*

Your child will become inactive and loose their spot in class if tuition is not received by the tenth of the month.

Tuition is based on four classes per month. Some months will have five classes, whereas others will only have three due to holidays. All students attending one class a week will receive 48 classes per year.

~ *Tuition is paid on a monthly basis. In the event of withdrawing from the program we require a two week notice prior to the end of the month so that another student may be scheduled in the spot.*

Monthly tuition is required during vacation time to hold the child's spot in class. Make ups will be available upon return. If you choose to drop from the program during vacation time, we cannot guarantee that the spot will be available upon return. Priority will be given on a first come first served basis.

~ *Please notify us of any absences. You will receive a class credit and will have two months from the date of the absence to make up the missed class. You must be currently enrolled in the program or the make up is forfeited. Make up classes cannot be taken after a student has discontinued the program. No credit, prorate or refund will be given for missed classes.*

Signature _____ **Date** _____

Thank you for your time in reviewing our policies and procedures. Your cooperation and patronage is appreciated.

Office Use Only

_____ Emergency card completed & signed	_____ Policies form signed	_____ Enter name in office log w/start date
_____ Duplicate waiver complete	_____ Coaches Log	_____ Entered in computer