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| **Preschool Program****2020 SUMMER SCHEDULE** |

Silk City Gymnastics

191 Sanrico Dr., Manchester, CT 06042

**(860) 646-3687 SilkCityGymnastics@gmail.com**

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| **OPTION 1: Weekly AM Classes** |

We offer 10 weeks of summer classes ages 1 ½ and up.

***Please check the appropriate class and circle the week(s) you would like your child to attend***.

**CLASSES**:

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| --- | --- | --- | --- | --- |
| *Time* | *Age* | *Days* | *Price* | Image result for check icon png |
| 9:15-10:00am | 1 ½-3 years | Monday and Wednesday | 2 classes-$30/week |  |
| 10:05-10:50am | 3 & 4 years | Monday **thru** Thursday | 4 classes-$60/week |  |
| 11:00-11:45am | 4 & 5 years | Monday **thru** Thursday | 4 classes-$60/week |  |

**WEEKS**: ***Please circle week(s).***

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| #16/15-18 | #26/22-25 | #36/29-7/2 | #4 7/6-9 | #57/13-16 | #67/20-3 | #77/27-30 | #88/3-6 | #98/10-13 | #108/17-20 |

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| **OPTION 2: 5-Week PM Sessions** |

We offer two 5-week sessions in several time/day options (ages 1 ½ and up).

***Please check the appropriate class/day and circle session(s) you would like your child to attend.***

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| *Time* | *Age* | *Mondays* |  *Thursdays* |
| 3:45-4:30pm | 1 ½ -3 years |  |  |
| 4:35-5:20pm | 3 years |  |  |
| 5:25-6:10pm | 3 & 4 years |  |  |
| 6:15-7:00pm | 4 & 5 years |  |  |

 **$75 (5 classes) each SESSION**:

 *Please circle session(s)*

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| ***Session #2***Weeks of 7/20-8/20 |

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| ***Session #1***Weeks of 6/15-7/16 |

***Payment in full, CASH or CHECK ONLY (no debit or credit cards). No refunds or credits for missed classes, however a missed class may be made up during the summer.*** ***You can register in person or by mailing this form along with the payment.***

**2020 SUMMER ENROLLMENT FORM**

***Please take a picture with your phone of this form as a receipt***

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M/F\_\_\_\_ Birth Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Emergency Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Father’s Cell\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand and agree that: **(a) tuition payments are nonrefundable, (b) payment in full is due at the time of registration, (c) a $25.00 fee will be assessed against all returned checks**. I, the undersigned on behalf of myself and minor child participating in classes, lessons and/or programs of Silk City Gymnastics (collectively “Programs”) acknowledge and appreciate the risks of injury associated with participation in the Programs. We knowingly and willingly assume all such risks. I hereby release, discharge, covenant not to sue, and agree to indemnify Silk City Gymnastics, its officers, agents, directors, and employees (“releasees”) and save and hold harmless each of the releasees from all liabilities.

Parent/Guardian Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_