



"creating magical experiences daily"

MONDAY CLASS REGISTRATION & TUITION FORM

a General Info:

We offer both Recreational & PreSchool Classes for both Girls & Boys, Ages 3.5 to 12 years old.
Sessions are 8 weeks long and each class is 1 hour in duration.
We will conduct a Skills Test every other Session (every 16 weeks).

b Beginner Class: **Mon 4:00p to 5:00p**

2022 Sessional Dates

Make Up Dates

- | | |
|-----------------------------------|--------------------|
| 1 Jan 10th thru Feb 28th | Jan 28th, Feb 18th |
| 2 Mar 7th thru Apr 25th | Apr 15th |
| 3 May 2nd thru June 20th | June 10th |
| 4 June 27th thru Aug 22nd* | Aug 5th |
| 5 Aug 29th thru Oct 17th | Sept 30th |
| 6 Oct 24th thru Dec 19th* | Dec 9th |
- * No class July 4th, Oct 31st

c Annual Registration Fee:

The annual registration fee is due on or before the 1st class. The annual fee is \$50 per student and discounted to \$25 for each additional sibling residing in the same household.

\$50.00 per Student
\$25.00 for each additional Student

d Tuition

\$200.00 8 Week Session
\$35.00 per Class Drop-in Rate
Please call to check on availability

Holidays

Flipz Gymnastics Academy closes for all major holidays including Thanksgiving, Labor Day, Memorial Day, 4th of July and Christmas. If your child is in a class on one of these holidays, a make-up day will be offered or your tuition will be pro-rated. If the gym needs to close for any reason or a schedule change needs to be made, due to unforeseen circumstances, such as a scheduled gymnastics meet, or any other reason deemed necessary by the staff of Flipz, we reserve the right to do so. In the event the gym closes for any other reason other than a holiday, a make-up day or pro-ration will be offered.

Make Up Policy

Flipz offers 1 make-up day per each 8 wk session. The make-up day will be on a Friday at 5:30pm of the current session, unless their is a scheduling conflict. Please signup in advance, due to limited space.

1 _____
Printed name of participant *Date:*

2 _____
Printed name of participant *Date:*

e _____
Printed name of Parent/or Legal Guardian *Phone Num:* *Date:*

Medical Information

Signature of Parent/or Legal Guardian

A PREPATORY SCHOOL FOR ALL **SPORT**