

Tumble Kids Billerica

2014-2015 Registration Form

29 Cook Street Billerica, MA

978-667-1604

tumblekidsbillerica@gmail.com

Child's

Name: _____ Age: _____ M ___ F ___ Birthdate: ____/____/____

Parent/Guardian Name: _____ Relation: _____

Parent/Guardian Name: _____ Relation: _____

Address: _____

Town: _____ State: _____ Zip _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

E-mail address: _____

Emergency Contact: _____ Relation: _____

Phone: (____) _____ - _____

Does your child have any neurological, sensory, physical, or behavioral issues? Y: ___ N: ___

If YES, please explain:

Please indicate your first and second choice of class time.

1st choice: CLASS _____ DAY _____ TIME _____

2nd choice: CLASS _____ DAY _____ TIME _____

**Availability is not guaranteed.

Tuition: \$ _____ Registration Fee: \$ _____ Date Paid: _____

Payment type: Mastercard/ Visa/Discover/Check (#____)/Cash

CC# _____ EXP: _____

Name on card: _____ ZIP: _____

I authorize Tumble Kids Billerica to process my credit card for services rendered and/or charges due.

Authorized Signature _____ Date: _____

*****Liability Waiver on backside of this registration form is required for participation.*****