

Jersey Jets Gymnastics

Summer enrollment form 2017

Child's Name: _____

Class name: _____ Day: _____ Time: _____

(If coming more than one-day) 2nd Day: _____ Time: _____

Month(s): (circle) July August

Please note: if you will be away some of the summer you can put your account on auto-pay (see desk for form). Auto-pay makes sure you get the early pay discount each month. If you are coming for a month and will be away 2-weeks just schedule your make-ups for the weeks you are home, and come 2 days for 2 weeks. Scheduling is flexible for the summer but **if you don't call and you miss a class you will lose your ability to make-up the class.** If you have questions please ask, we will be glad to explain.

Cell Phone: _____

Are you on Autopay? _____

Parents Signature: _____ Date: _____

This form must be presented to desk at time of enrollment

New customers must also fill in the 2017 waiver

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