

Cobequid Spartans Gymnastics Centre
Registration Form
Parent /Care givers of Kindergym/Tumble Tots)

Term 1 _____ 2 _____ 3 _____

Parent name participating in class: _____

Additional parent: _____

Birth date: (Month/Day/Year) 1st parent: _____ Male: _____ Female: _____
2nd parent: _____ Male: _____ Female: _____

Child you will be attending class with: _____

Class Day: _____ Class Time: _____

Email address: _____

Home Phone: _____ Work Phone: _____

Each additional parent /care giver is required to pay a \$10.00 insurance fee to be permitted to participate in the class with their child(ren). A limit of one adult per child at a time. This runs Sept 1 - Aug 31

Office use:

First parent GNS	Included			
Additional GNS FEE @ \$10.00	\$ _____	Debit _____	Cash _____	CK _____
Payment received	\$ _____	Cheque # _____		
Bal Due	\$ _____	Rec'd by: _____		Date: _____

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