



Child's First Name _____ Last Name: _____ DOB: _____

Romp 'n Roll

"I am smart, I am strong, and I can do ANYTHING!"

We are very excited to welcome you to the Great Falls Gymnastics Academy!

Thank you for sharing your child with us.

We look forward to our first day of fun!

Wednesday, September 4th. 9:00 a.m. - 11:30 a.m.

(Classes are held Wednesdays & Fridays)

(initial)_____ A non-refundable deposit of \$195 (\$145 toward May tuition, \$50 enrollment/annual registration fee) is due at the time of registration. **I understand that Romp n' Roll is a nine month commitment, \$1,305 (plus \$50 registration fee) for the year or \$145 per month.**

(initial)_____ **IMMUNIZATIONS:** A current immunization record must be on file prior to the first day of class.

Parents Signature: _____ Date: _____

We have attached an information sheet that will help us get to know your child better. Please send it in or bring it with you the first day.

Here are a few items of importance:

1. Please remember to dress your child in clothing that is appropriate for both play and crafts. We want them to be comfortable during their time with us.
2. It would be helpful if you would send your child to the gym with **a small backpack or bag**. This would be the perfect place to include a **change of clothing** for your child. Sometimes accidents happen and we know that your child will feel much more comfortable in their own clothing.
3. We will have snack time each day. It is important that we know of any dietary concerns. Please note this information on the attached page.
4. Please bring in a **water bottle** (with their name on it) that your child can leave at the gym. We drink a lot of water throughout the morning, including snack time. It is nice if the children have their own water bottle to use.

**** Please note that Romp 'n Roll follows the Great Falls Public School District Calendar. Copies of our yearly calendar are available online www.greatfallsgymnastics.com**

Thank you and we look forward to our first day of exploration.
Please feel free to contact us if you have any questions or concerns.

Great Falls Gymnastics Academy
815 First Avenue North
Great Falls, Montana 59401
406-727-8782



Child's Information

Name:

Nickname?

Address:

Date of Birth:

Current Age

Today's Date:

Parents' Name:

* Phone Number (best way to contact you during gym time): _____

* Email address: _____

Emergency Contact - if you cannot be reached:

Dietary Concerns: allergies, etc?

Special Concerns – Is there anything you would like me to know about your child? Fears, Phobias, Other.

Potty information: _____

Persons allowed to pick up child: _____

Family Members: