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CS GYMNASTICS

FAMILY INFORMATION FORM

NEW CHANGE

FAMILY'S LAST NAME: _____

PRIMARY GUARDIANS

1) NAME: _____ RELATIONSHIP _____

2) NAME: _____ RELATIONSHIP _____

3) NAME: _____ RELATIONSHIP _____

PHONE NUMBERS

PLEASE PROVIDE AS MANY PHONE NUMBERS AS YOU WOULD LIKE FOR US TO BE ABLE TO GET IN TOUCH WITH YOU. WE WILL OCCASIONALLY SEND TEXT MESSAGES REGARDING GYM CLOSINGS OR OTHER CLASS STATUS MEESSAGES. WE WILL NEVER SEND MARKETING INFORMATION VIA TEXT. CS GYMNASTICS DOES NOT CHARGE FOR TEXT MESSAGE ALERTS, HOWEVER, MESSAGE AND DATA RATES MAY APPLY FROM YOUR MOBILE PROVIDER

1) PHONE: _____ RELATIONSHIP _____ TEXT?

2) PHONE: _____ RELATIONSHIP _____

3) PHONE: _____ RELATIONSHIP _____

ADDRESS

STREET _____

CITY _____

STATE _____ ZIP _____

E-MAILS

PRIMARY _____

SECONDARY _____

HOW DID YOU HEAR ABOUT US?

FRIEND INTERNET/SOCIAL MEDIA PRINT AD OTHER _____

NAME: _____ (FOR REFERRAL CREDIT)

TUITION & CLASS AGREEMENT

- ALL PARTICIPANTS MUST BE ENROLLED WITH CS GYMNASTICS AND THE ANNUAL MEMBERSHIP FEE MUST BE UP TO DATE
- FAMILY, STUDENT AND CLASS ENROLLMENT FORMS MUST BE UP TO DATE
- ALL ACCOUNTS SHALL BE PAID IN FULL AT TIME OF REGISTRATION or AUTO-PAY SHALL BE SET UP WITH A CREDIT/DEBIT CARD ON FILE IF MONTHLY PAYMENTS ARE PREFERRED
- **THERE ARE NO REFUNDS.**
 - MISSED CLASSES: WE WILL WORK TO ACCOMMODATE ANY CLASSES MISSED BY SCHEDULING MAKE-UPS WITHIN THE SAME SESSION.
 - LONG TERM ABSENCES: CONTACT THE OFFICE TO MAKE ARRANGEMENTS FOR PROLONGED ABSENCES DUE TO INJURIES, SERIOUS ILLNESS OR FAMILY EMERGENCIES. WE WILL WORK WITH YOU TO ACCOMMODATE CLASSES MISSED.
 - DROPPING A CLASS: TUITION REFLECTS A SPACE HELD IN CLASS, NOT A PER CLASS FEE. IF A STUDENT IS DISCONTINUING CLASSES DURING A SESSION, THE OFICE MUST BE NOTIFIED IN WRITING TO INACTIVATE THE ACCOUNT, EFFECTIVE THE DATE OF RECEIPT OF SUCH NOTIFICATION. ANY OUTSTANDING ACCOUNT BALANCES WILL BE DUE WITH THE NOTICE.

I HAVE READ THE ABOVE TERMS AND AGREE TO THEM.

PARENT/GUARDIAN SIGNATURE

DATE