

# Haydens International Gymnastics Academy Gym N Learn Program

## School Year 2010 - 2011

Child's Full Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Name Child is Called \_\_\_\_\_ Sex \_\_\_\_\_ Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZipCode \_\_\_\_\_

Parent's Names \_\_\_\_\_

Mother's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Mother's Beeper Number \_\_\_\_\_

Father's Occupation \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Father's Beeper Number \_\_\_\_\_

Are parents divorced? \_\_\_\_\_ Church Affiliation \_\_\_\_\_

Name(s) and age(s) or other children in family \_\_\_\_\_

Email address \_\_\_\_\_

Has your child previously attended a MDO/preschool or child care program? \_\_\_\_\_ If yes, please state where and when \_\_\_\_\_

Please list any problem(s) your child may have \_\_\_\_\_

Emotional \_\_\_\_\_ Vision \_\_\_\_\_ Hearing \_\_\_\_\_ Allergies \_\_\_\_\_

Fears \_\_\_\_\_ Speech \_\_\_\_\_ Any previous serious illness \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Check the age(s) for which your child will be enrolled and circle the day(s) of the week.

- 2 year old      1 day = \$85/month    2 days = \$125/month    3 days = \$150/month    4 days = \$175/month    5 days = \$195/month  
                          Monday      Tuesday      Wednesday      Thursday      Friday
- 3 year old      1 day = \$85/month    2 days = \$125/month    3 days = \$150/month    4 days = \$175/month    5 days = \$195/month  
                          Monday      Tuesday      Wednesday      Thursday      Friday
- 4 year old      1 day = \$85/month    2 days = \$125/month    3 days = \$150/month    4 days = \$175/month    5 days = \$195/month  
                          Monday      Tuesday      Wednesday      Thursday      Friday

In Case of an emergency and a parent can not be reached, list 2 persons Haydens Gym N Learn may contact:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

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**FOR OFFICE USE ONLY**  
**REGISTRATION FEE PAID** \_\_\_\_\_ **AMOUNT** \_\_\_\_\_ **DATE** \_\_\_\_\_