

**Head Over Heels Gymnastics**

**2019 Summer Program Registration Form**

412 Washington Street – Norwell, MA 02061 – 781-659-3378 – Fax: 781-659-9773 [www.HeadOverHeelsMA.com](http://www.HeadOVerHeelsMA.com/)

STUDENT INFORMATION: NAME: D.O.B.

* Do we have a Health Form on file dated within the past 2 years? Y N
* Any allergies, physical limitations, or concerns we should be aware of during their time at HOH:
* Do they require an Epi-pen or medication? Y N

(If so please turn it in at the front desk in the original prescription package)

FAMILY INFORMATION Home Phone # ( )

Email

Parent # 1 Name Contact # ( )

Parent # 2 Name Contact # ( )

Home Address City Zip

Emergency contact: Name Contact # ( ) (We will always try to reach a parent first)

AUTHORIZED PICK-UPS – please list any adults that might possible pick up your child

|  |  |  |  |
| --- | --- | --- | --- |
| 1 | contact # | ( ) |  |
| 2 | contact # | ( ) |  |
| 3 | contact # | ( ) |  |
| 4 | contact # | ( ) |  |

PARENT AUTHORIZATION

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Parent/Guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give permission to said son/daughter to participate in the activities of the summer program at Head Over Heels Gymnastics, Inc. I understand that gymnastics is a sport that involves height and rotation of the body, therefore, there are inherent risks involved. I hereby testify to my son/daughter’s sound health of mind and body and I authorize the Head Over Heels Gymnastics Inc. to seek medical treatment at the nearest facility in case of emergency. I intend this statement to take effect as a sealed instrument.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Our program is in compliance with the regulations of the Massachusetts Department of Public Health and is licensed by the local Board of Health.

**Pricing and sign-up information**

|  |  |
| --- | --- |
| **Half Day Program Age 4 + (9:30am – 12:00pm)** | **Full Day Program Age 5 + (9:30am – 3:30pm)** |
| Full Week $175. | Full Week $325. |
| Partial weeks available | Partial weeks available |
| 1 Day $50 2-3 Days $45/day 4-5 Days/wk $35/day | 1 Day $80 2-3 Days $75/day 4-5 Days/wk $65/day |

**Sibling Discount**: All siblings receive 20% off of their tuition.

**Multi-week discount (full week only)**: Summer only Full day: take $15 off each additional full week

Half day: take $10 off each additional full week

***HEALTH FORMS*** *with a current exam date within 2 years are a must and should be turned in prior to attendance.*

***Extended Day Care is available:***

*For your convenience we offer early drop off from 8:00-9:00 and 4:00-5:30 Just $5.00 per morning and $5.00 per afternoon.*

*Free for those attending the full week (half or full) there is no charge for this service.*

***A $50 non-refundable deposit is required for each week attending.***

* ***Please circle days requested for each week below.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Dates:** | **HALF DAY (9:30 – 12:00)** | **FULL DAY (9:30 – 3:30)** | **Ext. Day**  **$5/per ea.** | **Total / Wk** | **Amount Paid** | **Balance Due** |
|  | **Vacation** |  |  |  |  |  |  |
|  | Feb 18 - 22 | M T W Th F | M T W Th F |  |  |  |  |
|  | Apr 15 – 19 | M T W Th F | M T W Th F |  |  |  |  |
|  | **Summer** | HALF DAY | FULL DAY |  |  |  |  |
| 1 | June 24 - 28 | M T W Th F | M T W Th F |  |  |  |  |
| 2 | July 1 - 5 | xx closed xx | xx closed xx |  |  |  |  |
| 3 | July 8 - 12 | M T W Th F | M T W Th F |  |  |  |  |
| 4 | July 15 - 19 | M T W Th F | M T W Th F |  |  |  |  |
| 5 | July 22 - 26 | M T W Th F | M T W Th F |  |  |  |  |
| 6 | July 29 - Aug 2 | M T W Th F | M T W Th F |  |  |  |  |
| 7 | Aug 5 - 9 | M T W Th F | M T W Th F |  |  |  |  |
| 8 | Aug 12 - 16 | M T W Th F | M T W Th F |  |  |  |  |
| 9 | Aug 19 - 23 | M T W Th F | M T W Th F |  |  |  |  |