

# SUMMER REGISTRATION FORM 2018

## Michigan Academy of Gymnastics

Dearborn Heights 313-791-3609

Monday, June 18<sup>th</sup> - Wednesday, August 22<sup>nd</sup>, 2018

**\*\*BONUS OF EARLY REGISTRATION FOR FALL CLASSES FOR SUMMER STUDENTS\*\***

Registration for Summer classes begins the week of May 21<sup>st</sup> @ 9:00am, for *returning* students and Monday, June 11<sup>th</sup>, @ 9:30am for *new* students. *Annual Registration Fee of \$50.00* is due when registering. **In addition, there is a \$5.00 non-resident fee if not a Dearborn Heights resident.** We ask that you register your child as soon as possible so we can reserve a place for them. Please keep in mind that all classes are subject to minimum as well as maximum enrollment requirements. If we find a class does not meet the requirements, you will have the option of transferring your child to another class.

You may choose to register for a minimum of 4 weeks to a maximum of 9 weeks to accommodate your vacation schedule.

*Payment for Class Fee must accompany this registration form. Changes made to your registration after June 15<sup>th</sup> will be subject to a \$5.00 processing fee.*

Please fill out the Registration Form below and check the weeks you will be attending.

***There will be no make-ups, credits or refunds for missed classes.***

### SUMMER TUITION RATES

<u>Length of Class</u>	<u>4wks</u>	<u>5wks</u>	<u>6wks</u>	<u>7wks</u>	<u>8wks</u>	<u>9wks</u>
30 minutes	\$38	\$48	\$57	\$67	\$76	\$85
45 minutes	\$55	\$69	\$83	\$96	\$110	\$123
1 hour	\$68	\$85	\$102	\$119	\$136	\$153
1 ¼ hours	\$82	\$103	\$144	\$164	\$185	\$205
1 ½ hours	\$96	\$120	\$144	\$168	\$192	\$216
1 ¾ hours	\$110	\$138	\$165	\$193	\$220	\$247
1 ½ hours – 2 days	\$160	\$200	\$240	\$280	\$320	\$360

\*Any changes made to your schedule after June 15<sup>th</sup> will be charged a \$5.00 processing fee for each change.

**\*\*Students registered for summer classes may register for fall classes (08/06/18), 1 week prior to returning student registration.**

NAME \_\_\_\_\_ AGE \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

REGISTERING FOR: \_\_\_\_\_ DAY \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

**Medical Conditions** \_\_\_\_\_

- |  |                            |                               |
|--|----------------------------|-------------------------------|
| ( ) Week 1 June 18, 19, 20 <sup>th</sup> | ( ) Week 3 July 9, 10, 11  | ( ) Week 6 July 30, 31, Aug 1 |
| ( ) Week 2 June 25, 26, 27 <sup>th</sup> | ( ) Week 4 July 16, 17, 18 | ( ) Week 7 Aug. 6, 7, 8       |
| <b>Gym Closed July 2, 3, 4</b>           | ( ) Week 5 July 23, 24, 25 | ( ) Week 8 Aug. 13, 14, 15    |
| Place ✓ in each box for weeks attending  |                            | ( ) Week 9 Aug. 20, 21, 22    |

Any changes made to your schedule after June 15<sup>th</sup> will be charged a \$5.00 processing fee for each change.

**\*\*There will be no make-ups, credits or refunds for missed classes\*\***

Parents Signature \_\_\_\_\_ DATE \_\_\_\_\_

Date Rec. \_\_\_\_\_ CA/CK#/CC \_\_\_\_\_ Amt. \_\_\_\_\_ REG Book \_\_\_\_\_ Sib \_\_\_\_\_