

# TUMBLEKICKS (REGISTRATION FORM) 2011-2012

**Please fill out the following personal information:**

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Address \_\_\_\_\_ Home e-mail: \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Cell or work # \_\_\_\_\_  
 Father's Name \_\_\_\_\_ Cell or work# \_\_\_\_\_

**INHERENT RISKS:**

I, \_\_\_\_\_ understand and accept the risks of injury inherent to this activity. I hold Tumblekicks, and their independent contractors free from all harm in the case of any injury to the above-named child. I further understand that all reasonable care shall be given to prevent undo harm to my child.  
 (Please list any medical condition/allergies we might need to be aware of: \_\_\_\_\_)

Parent's signature \_\_\_\_\_

**Westminster Family Center (please put a check by the day/class you want, and a check by the session you are enrolling your child in.**

**Tuesday**      **9:30-10:15----- Just Me** \_\_\_\_\_  
                   **10:30-11:15-----Caregiver/Me** \_\_\_\_\_

FallI: (8wks):    9/6/11-10/25/11 \_\_\_\_\_  
 Fall II: (8wks): 11/1/11-12/20/11 \_\_\_\_\_  
 Winter: (8wks): 1/3/12-2/21/12 \_\_\_\_\_  
 Spring: (8wks): 2/28/12-4/24/12 \_\_\_\_\_  
 Mini (5wks):    5/1/12-5/29/12 \_\_\_\_\_

**Wednesday:**    **9:30-10:15-----Just Me** \_\_\_\_\_  
                           **10:30-11:15-----Just Me** \_\_\_\_\_

Fall I (8wks):    9/7/11-10/26/11 \_\_\_\_\_  
 Fall II (8wks): 11/2/11-1/4/12 \_\_\_\_\_  
 Winter (8wks): 1/11/12-2/29/12 \_\_\_\_\_  
 Spring (8wks): 3/7/12-5/2/12 \_\_\_\_\_  
 Mini (4wks)     5/9/12-5/30/12 \_\_\_\_\_

**Thursday:**      **9:30-10:15-----Just Me** \_\_\_\_\_  
                           **10:30-11:15----- Just Me** \_\_\_\_\_

Fall I (8wks):    9/8/11-10/27/11 \_\_\_\_\_  
 Fall II (8wks): 11/1/11-12/22/11 \_\_\_\_\_  
 Winter (8wks) 1/5/12-2/23/12 \_\_\_\_\_  
 Spring (8wks): 3/1/12-4/26/12 \_\_\_\_\_  
 Mini (5wks):    5/3/12-5/31/12 \_\_\_\_\_

<b><u>CLASS FEES:</u></b> (per session)	8wks	5wks	4wks
<b>Member</b> of the WFC	\$50	\$31	\$25
<b>Non-member</b> of the WFC	\$55	\$35	\$28

**Guest fee/sibling fee: \$6/class. Please R.S.V.P. a spot.**  
**Please review all policies listed on your Tumblekicks Information sheet.**  
**Enrollment is limited to 10 children per class....**

**Registration Begins  
 Aug. 01, 2011.**

**Payments are due with  
 this form to secure a spot.**

**Questions or concerns?**  
 Call: Shareen Scibek  
 410-374-0180  
 Cell:443-340-6413  
 or  
 e-mail:  
 sscibek@comcast.net

**Please make check/money  
 order to:**  
 Shareen Scibek  
 3997 Terrace Dr.  
 Hampstead, MD  
 21074

**REFUND POLICY**  
 \*\*Withdrawal before  
 session begins-full refund\*\*  
 \*\*No refunds after the first  
 class, unless class in  
 cancelled\*\*  
 \*\*Refunds/credits will not  
 be given for missed  
 classes\*\*  
 \*\*Children can make-up 1  
 class during the session\*\*

**Guest fee/sibling fee: \$6/class. Please R.S.V.P. a spot.**

**Please review all policies listed on your Tumblekicks Information Sheet.**

**Enrollment is limited to 10 children per class...**

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