

# MICHIGAN ACADEMY OF GYMNASTICS INC.

Dearborn Heights – 313-791-3609

## FALL REGISTRATION FORM

August 26, 2019 – January 18, 2020

Registration for the Fall Gymnastics Session Begins:

**Monday, August 5<sup>th</sup> @ 9:00am for Students currently registered in summer classes.**

**Monday, August 12<sup>th</sup> @ 9:00am for returning students.**

**Monday, August 19<sup>th</sup> @ 9:00am for new students.**

In order to place a student in a class, the CLASS FEE MUST accompany this registration form.

There is an ANNUAL REGISTRATION FEE due at the time of registration and each year after that date. (non-refundable)

Fee:            \$50 - 1<sup>st</sup> Child /            \$25 - 2<sup>nd</sup> Child +

**In addition there is a \$5.00 non-resident fee if not a Dearborn Heights resident**

There are two payment plans:

(a) 20 wk fee to be paid in full when registering.

(This is a discounted rate and therefore is due at registration with NO refunds after 11/01/19)

(b) 5 Installments - The first installment is to be paid when registering. The four remaining installments are to be paid on the 15<sup>th</sup> of every month beginning with September 15<sup>th</sup>. With the installment plan you are responsible for all 5 payments. **We do not send bills.** Please keep this form to know when your payments are due. **You have signed up for a 20 week session and are responsible for all 5 payments.**

We ask that you register your child as soon as possible as some classes will fill quickly. Keep in mind that all classes are subject to minimum as well as maximum enrollment requirements. If we find a class does not meet these requirements, you will have the option of transferring your child to another class. We will make every effort to keep all classes open.

<u>Class Length</u>	<u>*5 Installments</u>	<u>20 wk paid in full rate</u>
45 minutes	\$64	\$305
1 hour	\$74	\$350
1 ¼ hours	\$86	\$405
1 ½ hours	\$102	\$480
1 ½ hours – 2 day	\$168	\$800
1 ¾ hours	\$116	\$545
1 ¾ hours - 2 days	\$189	\$900

**\*You are responsible for all 5 payments**  
*Installment #1 due when registering*  
*Installment #2 due September 15<sup>th</sup>*  
*Installment #3 due October 15<sup>th</sup>*  
*Installment #4 due November 15<sup>th</sup>*  
*Installment #5 due December 15<sup>th</sup>*  
**\*\*\*Auto Billing Available\*\*\***

10% second child discount  
(on lesser amount)

15% second class discount

Any accounts 10 days past due will be assessed a \$10.00 late fee.

20 week discounted fee must be paid in full when registering.

This session ends January 18<sup>th</sup> 2020

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**Student Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

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

**Email** \_\_\_\_\_

**Class registering for Class#** \_\_\_\_\_ **Level** \_\_\_\_\_ **Day (s)** \_\_\_\_\_

\_\_\_\_\_ I would like to pay the 20 week discounted rate. Full payment must accompany registration.

\_\_\_\_\_ I would like to make 5 installments following the MAG Installment Plan.

**I am responsible for all 5 payments unless I have notified the office and paid the \$15.00 drop fee.**

**MAG Additional Fees:** **Changing Class Fee:** \$5.00

**Fee For Dropping Class:** \$15.00

**Parents Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Registration Fee \$ \_\_\_\_\_ Non-resident Fee \$ \_\_\_\_\_ Class Fee \$ \_\_\_\_\_ Total Due \$ \_\_\_\_\_

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