

# SUMMER REGISTRATION FORM 2017

## Michigan Academy of Gymnastics

Dearborn Heights 313-204-1462

Monday, June 19<sup>th</sup> - Tuesday, August 22<sup>nd</sup>, 2017

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

Registration for Summer classes begins the week of May 31<sup>st</sup> @ 9:30am, for *returning* students and Monday, June 12<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 17<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>
45 minutes	\$50	\$62	\$75	\$88	\$100	\$112
1 hour	\$64	\$80	\$96	\$112	\$128	\$144
1 ¼ hours	\$78	\$98	\$117	\$136	\$156	\$175
1 ½ hours	\$92	\$115	\$138	\$161	\$184	\$207
1 ½ hours – 2 days	\$152	\$190	\$228	\$266	\$304	\$342

\*Any changes made to your schedule after June 16<sup>th</sup> will be charged a \$5.00 processing fee for each change.

**\*\*Students registered for summer classes may register for fall classes (08/07/17), 1 week prior to returning student registration.**

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

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

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

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

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

( ) Week 1 June 19 <sup>th</sup> & 20 <sup>th</sup>	( ) Week 3 July 10 <sup>th</sup> & 11 <sup>th</sup>	( ) Week 6 July 31 <sup>st</sup> & Aug 1 <sup>st</sup>
( ) Week 2 June 26 <sup>th</sup> & 27 <sup>th</sup>	( ) Week 4 July 17 <sup>th</sup> to 18 <sup>th</sup>	( ) Week 7 Aug. 7 <sup>th</sup> & 8 <sup>th</sup>
<b>Gym Closed July 3<sup>rd</sup> &amp; 4<sup>th</sup></b>	( ) Week 5 July 24 <sup>th</sup> to 25 <sup>th</sup>	( ) Week 8 Aug. 14 <sup>th</sup> & 15 <sup>th</sup>
		( ) Week 9 Aug. 21 <sup>st</sup> & 22 <sup>nd</sup>

Place ✓ in each box for weeks attending

Any changes made to your schedule after June 16<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 \_\_\_\_\_