



Gym-N-Learn Educational and Fitness Program Application

Child's Name _____

Sex: M _____ F _____ Birthdate _____

Known Allergies _____

For Office Use Only
Date _____
Child's Birthdate _____
Desired Days _____
Start Date _____

Medical information GMS should know about _____

Enrollment Programs:

Tuesdays and Thursdays	Mondays, Wednesdays, Fridays
9:30-12:00 _____	9:30-12:30 _____
Early Drop Off _____ (9:00 AM)	Early Drop Off _____ (9:00 AM)
Lunch Bunch _____ (12:00-12:30)	Lunch Bunch _____ (12:00-12:30)

Parent's Name _____ Res. Phone _____

Res. Address _____ Zip _____

Father's Name _____ Telephone _____

Mother's Name _____ Telephone _____

Referred by: _____ Friend/Family _____ Internet/Website _____ Ad
 _____ Direct Mail _____ Other

Note: This application will remain active from date of registration through June 1st. A one month notification is required for any withdrawal without any penalty. ALL REGISTRATION FEES AND SUPPLY FEES ARE NON-REFUNDABLE

