



Registration Form

Parent/Guardian Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Student Name: _____ DOB: _____

| | Class Day | Class Time | Class Level | Class Age Group |
|------------------------|-----------|------------|-------------|-----------------|
| 1 st Choice | | | | |
| 2 nd Choice | | | | |

| | | |
|--------------------------|----------------|--|
| <u>Class</u> | <u>Tuition</u> | Class Deposit: \$ _____ |
| Membership Fee..... | \$40/year | Membership Fee: \$40.00/student |
| Daytime Tumble Bears ... | \$72/month | Total: \$ _____ |
| Cub/Koalas/Pandas | \$80/month | Check Number: _____ |
| Bronze/Silver 1..... | \$84/month | ↓ to use cc on file ↓ |
| Silver 2..... | \$125/month | Card Type: _____ |
| Gold..... | \$164/month | Last 4 Digits: _____ |

(Please use the reverse side of this form to add or change a credit card for monthly recurring payments)

In order to register for any future class, a one-month deposit is taken, as well as the annual membership fee. All security deposits are NON-REFUNDABLE-TRANSFERRABLE.

I have read and fully understand the policies outlined above and agree to such.

Signature: _____ Date: _____

330 Roycefield Road
Hillsborough, NJ 08844
(908) 704-9600
www.paramountgym.com