



Enrollment Agreement

CHILD INFORMATION:

Child's Full Name: _____ Boy ___ Girl ___

Birthdate: _____ Enrollment Date: _____

Due Date if Expecting _____ Estimated Enrollment Date if Expecting _____

Child's Address: _____ City: _____ State: _____ Zip code: _____

Home Phone #: _____

Child's Schedule: _____ 5 days/week _____ 4 days/week _____ 3 days/week _____ 2 days/week

_____ DROP-IN ONLY _____ Teacher Spot

Days of the Week: _____ Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri.

Hours of Attendance: _____ to _____

PARENT/GUARDIAN INFORMATION:

Mother's Name: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Father's Name: _____ Email: _____

Home Phone #: _____ Cell Phone #: _____

Place of Employment: _____ Work Phone #: _____

Required to hold your child's spot at Jumping Jax Kids:

1. **This Enrollment Agreement**
2. **Registration fee** - \$50 per child
3. **One Week Tuition per child** (will be applied to your last week's tuition after two-week notice is given)

Required to attend Jumping Jax Kids:

**All paperwork filled out in the Enrollment Packet in which you will receive upon turning in this form.