

KIAGA Athletic Preschool Program

28039 W. Northpointe Parkway
Lake Barrington, IL 60010
847-381-6141
KIAGA.com

Date Rec'd _____
Check # _____
Credit Card # _____
Amount _____

A \$125 **Non-Refundable** and **Non-Transferable** application fee (*this fee is used for snacks, materials and books*) must accompany this form to hold your spot for the 2017-2018 school year. Classes will be closed when the student ratios are met.

Child's Name _____ Birthday ____/____/____
Street Address _____ Current Age _____
City, Zip _____ Sex: M/F

Parent's Name _____ Cell Phone _____
Home Phone _____ Email Address _____
Alternate Name _____ Phone _____ Relationship _____

In case of an emergency, an attempt will be made to contact a parent/guardian at home and via cell phone. If a parent/guardian cannot be reached, KIAGA will contact the alternate name listed above.

Circle the class you would like to enroll your child in. Age is determined as of September 1, 2017.

CLASSES	DAY OF THE WEEK	TIME	MONTHLY TUITION
3/4 Year Old Class *10 slots available	2 Days a week 3 Days a week M W F	9:00-11:30	\$190.00 (2 days a week) \$265.00 (3 days a week)

****** A 2 week advance written notice is required to the KIAGA office for any changes needed to your original registration.

Tuition Payment is due on the FIRST school day of each month. A late fee of \$15 is assessed to any payment received after the 20th of the month. The parent will still be responsible for payment of all outstanding bills.

Does your child have any special needs we should be aware of? _____

Parental Release

I hereby give consent for my child to participate in gymnastic classes at Kids in Action Gymnastics Academy. I am fully aware that gymnastics presents a risk of injury during training. I am fully aware of and appreciate the risk and damages that might occur as a result of my child's participation in or attendance at gymnastic class.

In consideration of your accepting my registration, I hereby, for myself, my child(ren), my heirs, executors and administrators, waive and release any and all rights or claims for any damages I or my child(ren) may have against Kids In Action Academy and any of its representatives, successors or agents for any and all injuries sustained or suffered by myself or my child(ren) at any activity sponsored by these groups. I do hereby verify that I fully understand and accept the preceding conditions for permitting my child to participate in any KIAGA events, classes, practices, or special sessions.

Parent Signature _____ Date _____