



Student information form
3720 Green Valley Road, Huntington, WV 25701
(304) 697-1789 www.gymnestgymnastics.com
Thank you for choosing Bozhi's Gym Nest!

Mailing address: _____
Primary Phone # (____) _____ - _____
Primary E-mail _____

1st Child Full Name _____ M/F _____ DOB _____
 Class Name _____ Class Day _____ Class Time _____

2nd Child Full Name _____ M/F _____ DOB _____
 Class Name _____ Class Day _____ Class Time _____

3rd Child Full Name _____ M/F _____ DOB _____
 Class Name _____ Class Day _____ Class Time _____

Mother's Name _____ Employer _____
 Cell Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Home Phone (____) _____ - _____

Father's Name _____ Employer _____
 Cell Phone # (____) _____ - _____ Work Phone # (____) _____ - _____ Home Phone (____) _____ - _____

Emergency Contact _____ Relation _____ Phone # (____) _____ - _____
 Allergies/Medical Conditions _____

Survey Information
 What school does your child(ren) go to? _____
 How did you hear about us? _____
 Child/children's previous experience (describe briefly) _____

Optional: I request Monthly Automatic Charge to my credit card on file ending in ____ _ ____
 Signature: _____ Date: _____
****Please hand credit card to front office staff upon registration****

(Initial Each Line) Bozhi's Gym Nest Policies:
 _____ Tuition is due on the 1st of each month. A \$5.00 late fee is added on the 10th of the month. Delinquent accounts will be filed with credit bureau.
 _____ Registration fee and Tuition are NON-Transferable and NON-Refundable. (NO Exceptions)
 _____ A \$20.00 NSF fee will be charged on returned checks. Balances past due 30 days will be turned into collection agencies. There is a 3% processing fee if a refund situation should occur.
 _____ One make up class may be scheduled per month. Make ups must be scheduled within 30 days of missed lesson. Make ups cannot be done after you have dropped classes or monthly tuition not submitted. Classes are held year round based on Bozhi's Gym Nest Calendar. Make ups will be scheduled with front office based on Gym Nest availability / schedule.
 _____ I understand and agree I am obligated to give "2 weeks written notice" prior to the month of dropping out of class. I agree to pay one month full tuition if written notice is not given. This applies to ANY drop at ANY time. I understand that there is NO exceptions to this policy. Drop notices are only accepted in person. No fax, email or postal service delivery will be accepted.
 _____ Account must be paid current in order for student to participate in class.
 _____ No parents or visitors will be allowed in the gym training area at any time during classes. Only (1) parent / guardian per child may accompany during **Mom & Tot Class**.
 _____ Preschool Parents are required to stay in the lobby while your child (ren) participate in class.
 _____ All parents must be in lobby to pick child up no later then 10 minutes prior to class ending. We are not responsible for your child once class is dismissed.

I understand participation in gymnastics and cheerleading involve motion, rotation and height, and carries with it a risk of injury or death. I am voluntarily registering my child (ren) for this activity. I understand any medical expenses related from participation in these activities are my sole responsibility. I give permission to Bozhi's Gym Nest and it's franchises to use, without limitation or obligation, photographs, Film footage, or tape recordings, which may include a families image or voice for the purpose of promoting or advertising.

Parent/Guardian Signature _____ **Date:** ____ / ____ / ____
Who should we thank for your Referral? _____