

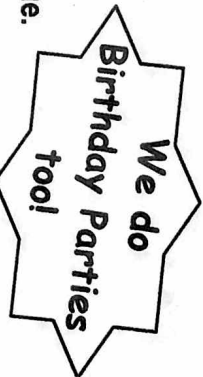


TUMBLEBUS

ENROLLMENT FORM

TUMBLEBUS is an ongoing program.

We will be taking your child every week unless you call TUMBLEBUS to discontinue.



TumblebusNY@gmail.com

Call 855-TUMBLE2

Plan A - \$12 Weekly
(2nd Child \$8, 3rd FREE) Cash/Check only

Plan B - \$48 Monthly
(2nd Child half price)

Plan C - \$44 Monthly Auto Charge
(2nd Child half price)

Plan D - Pay in Full (2nd Child half price) Call 855-TUMBLE2

Enclose your first payment with this enrollment form. All payments should be placed in the TUMBLEBUS Mailbox at your childcare facility. Please do not turn your money or enrollment form in to the daycare center or teacher. Make checks payable to TUMBLEBUS. Put cash in envelope with child's name. You can also go to www.TumblebusNY.com to register and pay online!

Child #1 Name _____ Age _____ D.O.B. _____

Child #2 Name _____ Age _____ D.O.B. _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Childcare Facility _____ (EMAIL NEEDED FOR BILLING)

Medical Conditions? _____

Parental Consent: I, the undersigned parent or guardian, give my permission for my child to leave the daycare center, without an employee of the daycare center, in the hands of the Certified TUMBLEBUS employee. I release TUMBLEBUS, their officers, instructors, and the daycare center from all responsibilities and all claims for injuries while participating in gymnastics and its related activities. I understand that my child's picture may be used in promotional materials. No names will be used. Check here if you do not want your child's picture used.

Parent/Guardian Signature _____ Print Parent Name _____

Name as on Credit Card _____ Card # _____ Exp. Date _____ Sec. Code _____

Type of Card: Credit (charged after 1st of ea. month) MasterCard Visa Discover AMEX Other _____ Debit (Fill in day to charge it _____)

Check here if you would like for your Card to be charged: Automatically each month One time only In full