

NUMBER _____
OF STUDENTS ON ACCOUNT _____



**Plymouth Canton Gym Express
2009-2010 REGISTRATION**

(PLEASE PRINT)

FAMILY LAST NAME (FOR BILLING PURPOSES) _____

STUDENT FIRST NAME: _____ LAST NAME: _____

ADDRESS: _____

CITY: _____ MICHIGAN ZIP: _____

HOME PHONE: () _____ BIRTHDATE: ____/____/____

AGE: _____ SCHOOL: _____ GRADE: _____

E-MAIL ADDRESS: _____

MOMS NAME _____ DADS NAME _____

MOMS WORK # () _____ DADS WORK # () _____

MOMS WORKPLACE _____ DADS WORKPLACE _____

CELL # () _____ CELL # () _____

EMERGENCY CONTACT - IF UNABLE TO REACH PARENTS

NAME: _____ PHONE # () _____

RELATIONSHIP TO STUDENT _____

WHO CAN WE THANK FOR REFERRING YOU? _____

I AUTHORIZE THE FOLLOWING ADULTS TO PICK UP MY CHILD IF I AM UNABLE TO:

NAME: _____ RELATION: _____

CONTACT # _____

NAME: _____ RELATION: _____

CONTACT # _____

ARE THERE ANY MEDICAL CONDITIONS OR CONCERNS THAT THE STAFF NEEDS TO BE MADE AWARE OF: _____

I AUTHORIZE MY CHILD TO RECEIVE BOTTLED WATER ON ACCOUNT, AND UNDERSTAND THAT THE CHARGE WILL BE PLACED ON MY NEXT MONTHS BILL: _____

I DO NOT AUTHORIZE BOTTLED WATER TO BE PLACED ON MY ACCOUNT: _____

2008-2009 SCHEDULE

<u>CLASS</u>	<u>DAY</u>	<u>TIME</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

TUITION:

MONTHLY DISCOUNTED RATE: _____ YEARLY: _____

MONTHLY REGULAR RATE: _____ SEMESTER: _____