



# KINDERMOTION! Enrichment Class Registration Form    Fall 2019

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Center Location \_\_\_\_\_ Classroom \_\_\_\_\_

Circle days in childcare: M T W R F

Email \_\_\_\_\_ Phone \_\_\_\_\_

(Must have **legible** e-mail to receive class information and updates)

Check one:            KT \_\_\_\_\_            KD \_\_\_\_\_            KG \_\_\_\_\_

KT- KinderTot      KD- KinderDance      KG- KinderGym

Payment Option: Program runs the week of September 9<sup>th</sup> thru June

\_\_\_\_\_ Monthly Rate- \$48 due the 1<sup>st</sup> of every month, Sept.-May.

\_\_\_\_\_ Session Rate- \$132 Due Sept./Dec./March (\$44/mo.)

\_\_\_\_\_ Annual Rate- \$360 due in September (\$40/mo.)


\_\_\_\_\_ \$30 registration and insurance fee per family

**Independent Health Personal Best Debit and Blue Cross Wellness** cards accepted. Send copy of card front and back.

\_\_\_\_\_ Total Payment Enclosed

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Liability waiver: I realize that a program such as KINDERMOTION can result in physical injury. I permit my child to participate in KINDERMOTION classes and release KINDERMOTION and all of it's owners, employees, instructors and staff from liability for injury to my child from his/her participation in their programs.

You may give this form to your center director or mail to: 

KINDERMOTION c/o Elizabeth Capozzi, 39 Berryman Dr, Amherst, NY 14226