

Tumblebuggs Registration Form

Family Information

How did you hear about us? _____

Mom's Name: _____ Cell #: _____ Work#: _____

Dad's Name: _____ Cell #: _____ Work #: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Email: _____

Emergency Contact:

Name: _____ Phone # _____

Student Information

Child #1

Name: _____ D.O.B. _____

Child # 2

Name: _____ D.O.B. _____

Child # 3

Name: _____ D.O.B. _____

Please read the policy sheet, and sign below.
Return this bottom portion to your instructor.

I have read and understand the policy sheet including

-the payment due dates, and late payment fees.

-the make up policies for missed and cancelled classes.

Students Name _____

Guardian Signature _____