

For Office Use Only

SESSION 3- BEGINS JAN 27th
PLEASE RETURN THIS FORM
NO LATER THAN JAN.18th



Check Amt.: _____
Check #: _____
Date: _____
Cmbd. Pmt: _____

35 Concord Street-North Reading, Ma 01864 -
978-664-0099 gymnast@readinggymnastics.com
www.readinggymnastics.com

ACCT: _____

2024-2025

REGISTRATION RENEWAL AGREEMENT

CHILD'S NAME: _____

CURRENT CLASS: # _____ DAY: _____ TIME: _____

_____ PLEASE KEEP MY GYMNAST IN THE CLASS CURRENTLY ENROLLED IN:

_____ IF AVAILABLE, PLEASE CHANGE CLASS DAY/TIME TO:

1ST PREF: _____
Class # _____ Day _____ Time _____

2ND PREF _____
Class # _____ Day _____ Time _____

IF DESIRED CLASS CHANGE IS **NOT** AVAILABLE (Check One):

_____ PLEASE KEEP ME IN THE CLASS I'M CURRENTLY IN AND PLACE ME ON THE
WAITING LIST FOR CLASS(es) INDICATED ABOVE.

_____ PLACE ME ON WAITING LIST ONLY. I CANNOT CONTINUE ATTENDING THE
CLASS I'M CURRENTLY ENROLLED IN.

_____ PLEASE **RENEW** MY ENROLLMENT AGREEMENT TO EXTEND FOR THE NEXT
9 WEEK SESSION AT A SESSION RATE OF \$ _____ **OR:**

_____ PLEASE **CHANGE** MY SESSION ENROLLMENT AGREEMENT TO BECOME A **YEARLY
ENROLLMENT AGREEMENT**. THIS AGREEMENT WILL THEN EXTEND FROM THE DATE BELOW
THRU JUNE 2025. THE ABOVE REGISTRANT IS OBLIGATED TO ATTEND WEEKLY CLASSES FROM
THIS DATE AND PARENT/GUARDIAN WILL PAY FOR THEM AT A MONTHLY RATE OF \$ _____
WHETHER IN ATTENDANCE OR NOT. IF THE ENROLLED STUDENT DECIDES TO LEAVE FOR ANY
REASON, PARENT/GUARDIAN IS STILL OBLIGATED UNTIL THE END OF JUNE 2025 FOR TUITION
COST, **UNLESS WAIVED BY THE DIRECTOR ALONE.**

MY PAYMENT IS ENCLOSED OR CHARGE MY MASTERCARD/VISA/DISCOVER CARD.

MASTERCARD/VISA/DISCOVER/AMEX ACCT# _____
EXP.DATE: _____ CVV# _____ NAME ON CARD: _____

_____ PLEASE DO **NOT** RENEW MY ENROLLMENT THIS SESSION.

AGREED TO: _____ **DATE:** _____