

# registration

Please return this form with full tuition.

Child's Name \_\_\_\_\_

Address \_\_\_\_\_

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

DOB \_\_\_\_\_ Age \_\_\_\_\_

School \_\_\_\_\_

Parents' Names \_\_\_\_\_

Phone/Home \_\_\_\_\_

Phone/ Work \_\_\_\_\_

Caregiver's Name \_\_\_\_\_

Class Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

This form must be accompanied by the full tuition.

Final Payment is due on the first day of class.  
Make checks payable to: **children's tumbling**  
and mail to:

Suellen Epstein  
9 Murray Street, 10-NE  
New York, NY 10007

## MEDICAL INFORMATION

Please note below if your child has any

Physical handicaps:  
Bones and joints, muscles.

Chronic ailments:  
Asthma, other respiratory problems, or allergies,  
diabetes, hypoglycemia, epilepsy, hemophilia or  
other blood related problems.

Any psychological conditions:  
Fears, anxieties, hyperactivity which are of  
special note.

Include medication taken regularly for any  
condition listed.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician to contact in an emergency is:

\_\_\_\_\_

Phone # \_\_\_\_\_

Other persons to contact in an emergency:

\_\_\_\_\_

Phone # \_\_\_\_\_

Permission is given for **children's tumbling** to  
take my child to a hospital emergency room to  
obtain emergency medical treatment.

\_\_\_\_\_

signature of a parent or guardian