

# Brooklyn Gymnastics and Dance

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## After School Registration Form

Child's Name First Last	Gender	Date of Birth	Grade in 9/1/20__	School

How did you know about us? \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

Home Tel # ( ) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ E-mail: \_\_\_\_\_

Work Tel # ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellular # ( ) \_\_\_\_\_ - \_\_\_\_\_

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

Work Tel # ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellular # ( ) \_\_\_\_\_ - \_\_\_\_\_

**My Child/Children Will Be Attending for**

Circle One

**Monday, Tuesday, Wednesday, Thursday, Friday**

Check Half Day Rates from school  
dismissal – 6:00 pm

- 5 days per week (\$480 per month)
- 4 days per week (\$450 per month)
- 3 days per week (\$435 per month)
- 2 days per week (\$335 per month)
- 1 days per week (\$225 per month)
- Pay as you go (\$50 per day)  
(\$30 each sibling)

Check Full Day Rates from  
8 am – 6:00 pm

- 5 days per week (\$900 per month)
- 4 days per week (\$870 per month)
- 3 days per week (\$850 per month)
- 2 days per week (\$750 per month)
- 1 days per week (\$640 per month)
- Pay as you go (\$80 per day)  
(\$50 each sibling)

\*\*\*Day Camp included\*\*\*

**NO CHILDREN WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE BGD OFFICE!!**

**Student Pick-up and Emergency Contact Information:**

<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE NUMBER</b>

**EMERGENCY INFORMATION**

Allergies, food &/or medication (list)

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Does your child have any physical or emotional limitations that would prohibit him/her from participating in any activities? If YES, please explain:

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Is your child currently taking any medications? If YES, please indicate type of medication, the reason for the medication and how it is taken, what time should medication be given

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**PAYMENT**

Full Tuition for the school-year is \$4800.00 for the 5 days a week, program which is payable upfront or monthly payments of \$480.00.

**A security deposit of \$100.00 is due upon registration which is returned in June of the following year for only active students.**

**Rules & Policies**

- **Return check Fee: \$35.00**
- **\$25.00 late fee will apply after 5th of the month. In case of no payment received by the due date BGD has a right to refuse any services provided.**
- **There are absolutely “NO”!! Make up for missed afterschool**
- **A parent/Guardian (from the list of giving names provided) must sign child out**
- **Brooklyn Gymnastics and Dance, has a head lice and/or nits policy (please reframe from bring to afterschool as well)**
- **DURING WINTER MONTHS WHEN DOE NYC SCHOOLS ARE CLOSED, WE WILL BE CLOSED AS WELL.**
- **Snack/lunch is provided however you may send your child with his/her own snack/lunch.**

## AGREEMENT

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted.

- I consent to emergency medical treatment for my child \_\_\_Yes \_\_\_No
- I consent for my child to take part in neighborhood trips (i.e., library, park and playground) away from the program under proper supervision \_\_\_Yes \_\_\_No
- I understand the program may need additional permissions for situations such as transportation, medication, release of information, and field trips \_\_\_Yes \_\_\_No
- I understand the program must give parents, at the time of enrollment of a child, a written policy statement as required by regulation \_\_\_Yes \_\_\_No

I also understand that the payment for September is due prior to the first day of the After School Program. Failure to pay monthly fees by the first of the month may result in your child being terminated from the After School Program. **I understand that if at any time during the academic year I decide to withdraw my child from the After School Program, I am subject to the loss of my security deposit.** I understand that, if any discount is extended on the basis of upfront payment of Full Tuition, such discount will not apply and will be waived in the event that you or your child choose early termination of your child's (children's) attendance in the After School Program. The BGD after School Program reserves the right, after due notification to the parent of guardian, to expel any participant from the program if he/she fails to comply with the rules and regulations of the program. Refunds, if any, will be at the sole discretion of BGD. I agree to allow my child to participate in all programs which are part of the After School.

**BGD and its employees are not responsible for personal items.**

I further allow the use of any photographs of my children to be used in future publicity materials.

Signature of Parent or Guardian:

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- Here at BGD Safety comes first.
- We care for your Child safety.
- We are responsible for your child safety while in the facility.

### Waiver of all Liabilities

As parent legal guardian of the participating child \_\_\_\_\_, I am fully aware of and understand the risks inherent in dancing, gymnastics, stretching and/or other physical activities, including the risk of serious injury. I release BGD, the instructor(s) and assistant(s) from all liability for any and all damages and injuries incurred to my child during the course of instruction or participation.

I hereby verify that I have read and fully understand and accept the information above and sign this waiver and release of liability.

Parent/Guardian Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_