

# REGISTRATION

CHILD'S NAME:

BIRTH DATE:

GRADE:

SCHOOL:

PARENT/GUARDIAN WITH WHOM CHILD LIVES:

Phone #1:

Phone #2:

Email:

STREET ADDRESS:

CITY:

STATE:

ZIP:

## Tuition & Discounts

9:00 am - 3:00 pm \$120 daily rate  
3 days/ week .....\$339  
4 days/ week .....\$438  
5 days/ week .....\$531

## Winter Adventure Camp:

December 21, 2020 - January 8, 2021

Monday 12/21

Tuesday 12/22

Wednesday 12/23

Thursday; 12/24 No Camp

Friday; 12/25 No Camp

Monday 12/28

Tuesday 12/29

Wednesday 12/30

Thursday 12/31

Friday; 1/1 No Camp

Monday 1/4

Tuesday 1/5

Wednesday 1/6

Thursday 1/7

Friday 1/8

Campers will keep all their personal items in their backpacks and there will be no sharing of backpack items. Locker rooms will be closed until further notice. Water bottle should be filled to last the whole day.

### Students must bring all of these items with them each day:

- Lunch and snacks
- Filled water bottle
- Face mask
- Yoga Mat
- Zip lock bag with: 1 personal size box of crayons, 1 personal size washable markers and/or colored pencils, 1 glue stick
- Personal sized hand sanitizer and sunscreen
- Comfortable clothing for fitness (Campers cannot change clothes, if wearing a leotard please have it on before arrival)

**Prompt Drop Off at 9:00 am & Pick Up at 3:00 pm.** Schedule changes cannot be made throughout the week.

Child must have current 2020 -2021 Emergency Card on file with BGS. Every child is required to bring the above camp specific personal items with them each day. Mandatory cloth face covering and social distancing are required at all times.

This registration form alone does not guarantee enrollment. Advance reservations required for proper staffing. There are no make-ups, transfers, credits or refunds. Late fees are the responsibility of the parent. Participants in this program must strictly abide by the BGS sick policy and understand the inherent risk while attending this facility.

For credit card payments please fill out the details below: (Checks may be sent to the address at the bottom of this form)

Visa      Mastercard #

Exp. Date:

Cvv:

Authorized Charge Amount \$

Name as shown on card:

Signature:

Date:

Questions? Please call (310) 302-0035 or email us at [info@broadwaygym.com](mailto:info@broadwaygym.com)

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