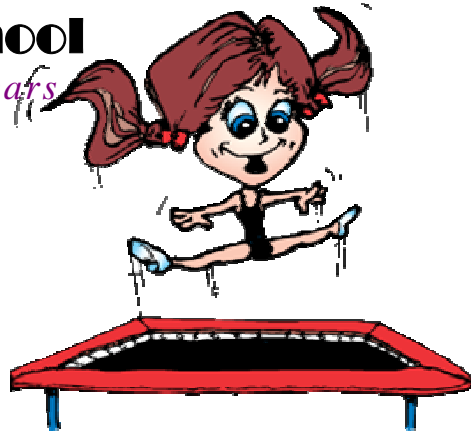


# Broadway Gymnastic School

*Helping Children Grow for over 30 Years*

5433 Beethoven Street  
Los Angeles, CA 90066  
P: 310- 302.0035 x 26 F: 310.302.9199  
[www.broadwaygym.com](http://www.broadwaygym.com)

## 2011-2012 Registration



### STUDENT INFORMATION: *(Please print clearly)*

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_ =Age: \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
School: \_\_\_\_\_ Teacher/s Last Name: \_\_\_\_\_ Room #: \_\_\_\_\_

## Goethe International

## WE PROVIDE TRANSPORTATION!

| CLASS & TRANSPORTATION INFORMATION |           |        |             |        |
|------------------------------------|-----------|--------|-------------|--------|
| GRADE                              | DAY       | PICKUP | CLASS       | RETURN |
| K 1 2 3 4 5                        | Wednesday | 12:40  | 12:55- 1:50 | 2:05   |

Please transport my child back to **Goethe**. I will meet the van at the front of the school. \_\_\_\_\_

Please sign my child back into **aftercare**. Teacher/s Last Name: \_\_\_\_\_ Room #: \_\_\_\_\_

I will pick up my child from **Broadway Gymnastic School** and sign him/her out at the receptionist desk. \_\_\_\_\_

**CHECK PAYMENTS:** *Please highlight all of the sessions you would like to enroll your student in and calculate the total cost plus the annual fee. Please make all checks payable to **Broadway Gymnastic School** and mail it to the above address.*

## No Class Dates: 11/23/11, 12/21/11, 12/28/11, 1/4/12, 4/4/12

| SESSION       | DATES                        | CLASS FEE | <u>ANNUAL FEE</u>                       | CHECK AMOUNT     |
|---------------|------------------------------|-----------|---|------------------|
| FALL          | 9/7/11- 11/2/11 (9 Classes)  | \$277.00  | <b>\$40.00</b><br><br>Includes T Shirt! | # _____ \$ _____ |
| WINTER        | 11/9/11- 2/1/12 (9 Classes)  | \$277.00  |   | # _____ \$ _____ |
| WINTER/SPRING | 2/8/12- 4/11/12 (9 Classes)  | \$277.00  |   | # _____ \$ _____ |
| SPRING        | 4/18/12- 6/13/12 (9 Classes) | \$277.00  |   | # _____ \$ _____ |

### CREDIT CARD PAYMENTS:

VISA #: \_\_\_\_\_ MASTERCARD #: \_\_\_\_\_

Name as indicated on card: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize **Broadway Gymnastic School** to charge \$ \_\_\_\_\_ to the credit card account indicated above.

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

**Broadway Gymnastic School** is a private establishment and is not affiliated with **Goethe**. Gymnastics classes are offered to all **Goethe** students as an afterschool enrichment program. Enrollment includes: a registration form, emergency card and payment. Registration is accepted on a first come, first serve basis. **ALL REGISTRATIONS MUST BE DELIVERED BY MAIL, IN PERSON, OR BY FAX.** No gymnastics classes are scheduled on the days that **Goethe** is closed. On minimum days students will resume their regular schedule. If your child will be absent, please contact **Broadway Gymnastic School**. If you have any questions please contact Laura Smith at ext. 26. I have read and completed all of the above and understand there are no make-ups, transfers, credits, or refunds.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_