



Registration Form

Fall and Spring Session fee: \$320 for one child/ \$100 each additional sibling,
Summer Session fee \$200 for one child/ \$100 for each additional sibling
Session Fee is for 1 Class a week

If paying session fee by check, please make payable to JMAE, llc.
Check and registration fee can be mailed to 332 Harrison Ave., NOLA 70124

Please print clearly:

Child's name: _____ age: _____

Parent's name: _____ cell: _____

Email: _____

Session Total: _____ Day/ time: _____

How did you hear about Gym Rompers? _____

I understand that Gym Rompers is a parent/child play program and I understand that I am solely responsible for my child's safety while attending the program.

Signature: _____

Please sign and initial the photo release:

_____ I authorize Gym Rompers to use my photo or my child's photo on their facebook page, instagram, in advertising, or on their website.

Signature: _____

_____ I DO NOT authorize Gym Rompers to use my photo or my child's photo on their facebook page, instagram, in advertising, or on their website.

Signature: _____