



REGISTRATION FORM

Summer session fee: \$325 for first child/ \$100 additional for each sibling.

Please make check payable to JMAE, llc.

Mail check with registration form to 332 Harrison Ave., NOLA 70124.

Child's name: _____ Child's B-day: _____

Parent's name: _____ Cell: _____

Address: _____

Email: _____

Total enclosed: _____ Class day and time: _____

How did you hear about Gym Rompers? _____

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

Signature: _____