

Slidell Gym Rompers Registration Form

(Please print this page to register your child)

class day(s): _____

class time(s): _____

| | |
|-------------------|-----------------------------|
| Child's Name: | Home Phone: |
| Parent's Name: | Work Phone: |
| Address: | Cell Phone: |
| Apartment/Suite: | Email: |
| City, State, Zip: | Child's Age: Birthday: |

Sibling(s):

Name, Age & Birthday:

How did you hear about Gym Rompers?

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

Signature: _____

Please include your check, payable to "Slidell Gym Rompers," with this registration form.
Refunds are available only prior to the second class.

Registration information should be mailed to:

Slidell Gym Rompers - 1134 Mary Kevin Drive, Slidell, Louisiana 70461

Total fee enclosed: \$ _____