

Gymnastics Class

I _____ give permission for my child

(Parent/Guardian

_____, _____

(Child's name)

(Child's Date of Birth)

to attend Gymnastics classes on **Mondays from 2:15-2:45 pm at Sweet Angels Daycare in North Tonawanda**. I agree to include an additional payment for class of \$6.00 per class in my weekly tuition. I agree to give a two week notice if I choose to withdraw my child from classes. The cost of the class will be added to your tuition and become your new payment.

Parent/Guardian Signature: _____

Date: _____

Gymnastics Class

I _____ give permission for my child

(Parent/Guardian

_____, _____

(Child's name)

(Child's Date of Birth)

to attend Gymnastics classes on **Tuesdays from 10:45-11:15 am at Sweet Angels Daycare in Lockport**. I agree to include an additional payment for class of \$6.00 per class in my weekly tuition. I agree to give a two week notice if I choose to withdraw my child from classes. The cost of the class will be added to your tuition and become your new payment.

Parent/Guardian Signature: _____

Date: _____