

**Martial Arts Class**

I \_\_\_\_\_ give permission for my child

(Parent/Guardian

\_\_\_\_\_, \_\_\_\_\_

(Child's name)

(Child's Date of Birth)

to attend Gymnastics classes on **Thursdays from 11:00-11:30 am 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: \_\_\_\_\_

**Martial Arts Class**

I \_\_\_\_\_ give permission for my child

(Parent/Guardian

\_\_\_\_\_, \_\_\_\_\_

(Child's name)

(Child's Date of Birth)

to attend Gymnastics classes on **Wednesdays 10:00-10:30 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: \_\_\_\_\_