

WINTER/SPRING 2012

Charlotte Jr. Gym, Inc.

(10% discount for twins/siblings)

201 Rampart Street 704-333-3242
Charlotte, NC 28203

Email: cltjrgym@aol.com
Website: charlottejrgym.com

PRE-GYMNASTICS for 2 ½ - *6 year olds:

All classes meet ONCE a week.

PRE-GYM FEES: 90 minute classes: 20 weeks, but pay for 18 = \$360.

+Optional: additional 30 minutes for \$7 per class offered on T/W/F 10:45 classes.

*** 60 min. Thursday 4-5pm = \$288.**

- ❖ TWO MAKEUP classes are allowed (space permitting) after the 2nd absence, since 20 weeks are offered for the price of 18 weeks.

Monday	Tuesday	Wednesday	Thursday	Friday
10:45-12:15	9:30-11 am (2.5 to 4)	+10:45-12:15(2.5 to 4)	10:45-12:15(2.5 to 4)	+10:45-12:15 (2.5 to 4)
---	+Optional ½ hr. (12:45pm p/up for \$7/wk)	+Optional ½ hr. (12:45pm p/up for \$7/wk)	1:30-3pm (3-5yrs)	+Optional ½ hr. (12:45pm p/up for \$7/wk) 12:30-2pm (3-5 yrs)
			*4-5pm (3.5-6 yr olds)	

STAY'N'PLAY for 18-30 months:

Stay'N'Play FEE: 20 weeks but pay for ONLY 18 weeks = \$252;

Monday	Tuesday	Wednesday	Thursday	Friday
9:30-10:15am		9:30-10:15am	9:30-10:15 am	9:30-10:15am
			TH 5:15-6pm (+\$4 per class for older siblings attending)	

There is a \$4 charge for siblings attending morning S/P on days off of school

WINTER/SPRING 2011 (NO classes April 2nd-6th, 2011)

	Monday	Tuesday	Wednesday	Thursday	Friday
Jan.	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	30	31	Feb. 1	2	3
Feb.	6	7	8	9	10
	13	14	15	16	17
	20	21	22	23	24
	27	28	29	March 1	2
March	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	26	27	28	29	30
April	2 no classes	3 no classes	4 no classes	5 no classes	6 no classes
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
May	30	1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	24	25

Please send in a \$40 deposit. The deposit is NON-refundable, but IS applied to the total amount of the class. The balance is due by the end of the second week of class. This gives you two weeks to make sure you and your child are happy!

YOUR CANCELLED CHECK IS YOUR RECEIPT & CONFIRMATION.

Make checks payable to CJG or Charlotte Jr. Gym & mail to our billing address:
Charlotte Jr. Gym, Inc. 3008 Clarendon Rd. Charlotte, NC 28211-3229

- BAD WEATHER POLICY: We do NOT follow the Charlotte-Mecklenburg Schools. Please call 704-333-3242 regarding any cancellations due to weather.
- TWO MAKEUP classes are allowed (space permitting) after the 2nd class missed, since 20 weeks are offered for the price of 18.
- If you have an emergency DURING your child's class and need to reach a teacher IMMEDIATELY, please call Willow's cell phone # 704-578-2253.

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Charlotte Jr. Gym, Inc. Registration and Release Form

(Please send this form back with your \$40 deposit to enroll)
YOUR CANCELLED CHECK IS YOUR RECEIPT & CONFIRMATION.

Child's name _____ Birth date _____
Address _____ Zip _____
Parent's Name(s) _____
EMAIL: _____ EMAIL is our #1 method of contact.
(please print clearly)
Home Phone: _____ Cell Phone (#1) _____
Work Phone: _____ Cell Phone (#2) _____
Emergency Name & Phone # _____
Emergency Name & Phone # _____

CIRCLE class day & time in which you are enrolling: (*All 10:45 classes have the age range of 2 1/2 to 4)

PRE-Gymnastics: Monday 10:45-12:15 Tuesday 9:30-11 am Wednesday 10:45-12:15
Thurs. 10:45-12:15 Thurs. 1:30-3pm Thurs. 4-5pm (3.5-age 5)
Friday 10:45-12:15 Friday 12:30-2pm (*3 & 4 yr. old class)

Optional: Add 30 mins./12:45 pm pickup offered on T,W,F 10:45 classes for \$7 per class: yes _____ no _____

STAY'N'PLAY: MON. 9:30-10:15am WED. 9:30-10:15
TH 9:30-10:15 TH 5:15-6pm FRIDAY 9:30 -10:15 am

(10% discount for twins/siblings)

Check amount enclosed: _____ check # _____
(Please write your child's name and class day & time on your check.)

Does your child have medical, physical or mental conditions? Yes _____ No _____
Explain: _____

Preschool: _____

CARPOOLING with: _____ *Please make us a carpool sign.*

Nanny or other person w/ permission to pick up your child/children/carpool: _____

Cell phone: _____ Email: _____ (if you would like this person to be notified by CJG regarding important cancellations, changes, etc.)

{ } Yes, I would be interested in teaching (paid position). { } Yes, I would be interested in substituting (paid position or credit towards tuition).

Charlotte Jr. Gym, Inc. Permission and Release

I, the undersigned parent or guardian of _____, give my approval for my child(ren) to participate in the activities of the pre-gymnastics program including classes, birthday parties, camps, or any involvement in Charlotte Jr. Gym, Inc. My child(ren) is/are physically able to participate, and in doing so, will in no way harm his/her/their health. I further assume all risks and hazards incidental to the conduct of the activities. I hereby release, absolve, and hold harmless Willow Rockecharlie, Charlotte Jr. Gym, Inc., her instructors, Charlie Markey Properties, its employees/volunteers from any and all injury, loss, or damage to us or the above child(ren) arising out of activities of the program. I understand I am assuming all risks inherent in gymnastics, whether known or unknown, and that by signing this document I am giving up my right to sue Charlotte Jr. Gym, Inc., its management and employees and the businesses/people otherwise named above. I voluntarily sign my name evidencing my acceptance of the above provisions.

I grant permission for treatment deemed necessary for a condition arising during participation of these activities, including medical or surgical treatment recommended by a medical doctor. I understand every effort will be made to contact me prior to treatment.

In conclusion, Willow Rockecharlie and her instructors reserve the right to refuse or terminate enrollment to a child with behavior issues. **2** makeups are allowed AFTER my 2nd missed class.

Parent or Guardian SIGNATURE _____ Date _____