

Bounce & Learn Academy

@ Explosion Gymnastics

5106 - 49 Avenue
Lloydminster, AB/SK
S9V 1P2

www.explosiongymnastics.com

Registration Form

Child's Name _____ Year registering for _____

Age _____ Birthday _____ Gender _____ Nickname Used _____

Address _____

Main Phone _____ Email _____

Mother/Guardian's Name _____ Phone _____

Father/Guardian's Name _____ Phone _____

Emergency Care Person/Alternate Pickups (other than parents listed above)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

I give permission for any of the above-named individuals to be contacted and my child may be released to any of them.

Parent/Guardian signature _____ Date _____

Who does NOT have permission to pick up your child? If applicable. (A copy of supporting court documents must be on file.) It is the parents' responsibility to communicate any changes.

Name _____ Reason _____

Child's Health Information

Your Child's Health Care # _____

Does your child have: *(If yes, please provide further information)*

- A medical condition/concern? _____
- Food allergies? _____
- Any other allergies? _____
- Food sensitivities? Or are there foods that shouldn't be given? _____

Has your child previously attended preschool/pre-k? _____

Does your child have any special fears? _____

Hand preference? Right, Left, or not established yet? _____

What are your child's favourite activities? _____

How would you describe your child? _____Active _____Cautious _____Independent _____Reserved
_____Helpful _____Assertive _____Cheerful _____Shy _____Sensitive _____Fearful _____Moody
_____Curious _____Aggressive _____Attentive _____Creative

Does your child struggle with accepting correction? _____ If yes, please explain: _____

What methods of behaviour management are used in your home? _____

What would your ideal Pre-K program look like? _____

Please tell us anything else you think will help us provide an enriching experience for your child _____

I agree to support Bounce & Learn Academy's Handbook while my child is a student at the Bounce & Learn Academy.

Signature of Parent/Guardian (as named above)

Date

* Schedule and Fees can be found at the end of the Handbook.

Registration by Mail

Please return Registration Form, Waiver,
and Registration Fee to:
Box 353
Lloydminster, AB/SK
S9V 0Y4

OR

Registration by Email

Please email Registration Form, Waiver and e-transfer
Registration Fee to:
explosionlloyd@gmail.com
Password: Explosion
Please include a brief description of the what/who the
payment is regarding.