

Enrollment Form



Student's Last Name _____

Student's Name (please include last name if different)	(Circle) Male or Female	Date of Birth Month/Day/Year	(Circle one) Does your child have any allergy and/or medical condition that could be adversely affected by exercise or swim lessons? If yes, please explain.
	M F		Yes/No
	M F		Yes/No
	M F		Yes/No
	M F		Yes/No

Contact Information

Mother: First _____ Last _____ **Father:** First _____ Last _____

Street address: _____ City: _____ Zip: _____ Home Phone _____

Mother's Cell Phone _____ Mother's Work Phone _____ Father's Cell Phone _____

Father's Work Phone _____ E-mail Address _____

Emergency Contact

In the event of an emergency and a parent/guardian cannot be reached, please call:

Name: _____ Relationship to student: _____

Home Phone: _____ Cell Phone: _____

(Initial) _____ I have received the ASPIRE Member Policies and will go over them with my child.

(Initial) _____ I understand that while ASPIRE makes every effort to remind me, it is ultimately my responsibility to make note of the **FDD** (Final Due Date) which is two weeks prior to the start of each session, and that payment needs to be received by ASPIRE on or before this date to prevent my child(ren) from being dropped from their current class(es).

How did you first hear about ASPIRE?

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Friend- If Referred, by whom? (We would like to thank them!) _____ | <input type="checkbox"/> Raising AZ Kids | <input type="checkbox"/> Other Gym | <input type="checkbox"/> Home school |
| <input type="checkbox"/> Drive by | <input type="checkbox"/> AZ Parenting | <input type="checkbox"/> Online Yellow Pages | <input type="checkbox"/> Chamber of Commerce |
| <input type="checkbox"/> Gift Certificate | <input type="checkbox"/> Money Mailer | <input type="checkbox"/> Yellow Pages | <input type="checkbox"/> School |
| <input type="checkbox"/> B-day party | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Aspire Website | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Flyer | | | |