



EPIC INFORMATION

First Name _____ Last Name _____ Birth Date _____

Known Medical Conditions that would affect performance and/or safety (ex. asthma, heart problem, hearing, vision etc.)

ALLERGIES AND TREATMENT

PARENT/ GUARDIAN INFORMATION

MOTHER/ GUARDIAN FULL NAME _____
PHONE NUMBER _____
EMAIL ADDRESS _____

FATHER/ GUARDIAN FULL NAME _____
PHONE NUMBER _____
EMAIL ADDRESS _____

PERSON RESPONSIBLE FOR CHILD’S ACCOUNT PAYMENT _____
PHONE NUMBER _____
EMAIL ADDRESS _____

HOME ADDRESS _____

EMERGENCY CONTACT’S NAME & PHONE NUMBER _____
EMERGENCY CONTACTS RELATIONSHIP TO TUMBLER _____

EPIC SCHEDULING – PLEASE CHECK WHAT DAYS YOUR CHILD WILL BE PRESENT:

MEMBER \$30 PER DAY/ NON-MEMBER \$35 PER DAY

MONDAY _____ TUESDAY _____ WEDNESDAY _____ THURSDAY _____ FRIDAY _____

IF YOUR CHILD IS ATTENDING INDIVIDUAL DAYS, ATTENDACE WILL BE TAKEN AND PAYMENT WILL BE PROCESSED AT THE END OF EACH WEEK. – UNLESS OTHERWISE NOTED BY PARENT/GAURDIAN

IF NOT SCHEDULING BY DAY, PLEASE CHECK IF YOUR CHILD WILL BE ENROLLED IN OUR 3 DAY ENROLLMENT:

3 DAY MEMBER FEE \$310 PER MONTH _____ 3 DAY NON-MEMBER FEE \$360 _____

***PARENT/GAURDIAN SIGNATURE (indicating all information is correct and complete)**

SIGNATURE _____ DATE _____

PAYMENT OPTIONS: 1. AUTOMATIC BANK DRAFT (VOIDED CHECK, CREDIT CARD)

2. PAY IN PERSON BY 25TH OF THE MONTH WITH CHECK, CREDIT CARD, CASH

INDICATE YOUR METHOD OF PAYMENT FOR MONTHLY TUITION: (PLEASE INITIAL)

_____ VOIDED CHECK _____ CREDIT CARD (PLEASE ENTER CC INFO BELOW)
CREDIT CARD NUMBER _____
EXPIRATION DATE _____

_____ PAY IN PERSON AT EQT REC CENTER WITH CASH, CHECK, DEBIT OR CREDIT CARD

*** I UNDERSTAND THAT IF MY CHILD'S TUTION IS NOT PAID BY THE 1ST OF THE EACH MONTH, EPIC WILL BE HAULTED UNTIL ACCOUNT IS PAID IN FULL, IF OTHER DATES OF PAYMENT ARE NEEDED, PLEASE NOTIFY * PLEASE INITIAL _____**
***IF YOU ARE CANCELING TUMBLING CLASS, YOU MUST CANCEL BY THE 25TH OF EACH MONTH TO STOP PAYMENT BY THE 1ST OF THE FOLLOWING MONTH* PLEASE INITIAL _____**

PLEASE LIST NAMES OF THOSE ABLE TO PICK UP YOUR CHILD/CHILDREN:

***CHILDREN ARE ABLE TO BRING CHROMEBOOKS AND LEARNING MATERIAL (HEADPHONES ARE REQUIRED) AS THERE WILL BE TIME SCHEDULED DURING EACH DAY FOR SCHOOL WORK.**

PARENT SIGNATURE _____ DATE _____