

Enrollment Form



Student's Last Name _____

Student Information

Student's Name (please include last if different)	(Circle) Male or Female	Date of Birth	(Circle) 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 _____ Father's Cell Phone _____

E-mail Address _____ Mother's Work Phone _____ Father's Work Phone _____

Emergency Contact

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

Name: _____ 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?

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