

PREsCHOOL CLASS DESCRIPTIONS

TUMBLE BUDDY 2s:

This class is for children 18 months to 36 months and requires active buddy (parent, grandparent, caregiver, etc.) participation. As an introductory class in movement education, children are encouraged to use their imaginations as they explore obstacle courses, the Trench slide, TumbITrak, bars, beam and lots more! Children will begin to develop physical strength and coordination, as well as balance and agility at an early age. The greatest aspect of this class is the interaction between buddies! (45 min 1x/wk)

3 All ME:

This class is for children 3 years old and is the first class our students are allowed to participate in all by themselves! Coaches will promote physical fitness in addition to learning fundamental gymnastics skills on vault, bars, beam, floor, TumbITrak and more. Students are encouraged to discover turn-taking, manners and other early childhood social skills in addition to developing body awareness, coordination and cooperative learning. As always, the emphasis for this class is fun, fun, fun! (45 min 1x/wk)

FANTASTIC 4s:

This class is for children 4-5 years old is a foundational class leading into our Recreational Gymnastics Training Program. Children will be encouraged to master progressively more difficult gymnastics skills. Children continue to experience strength training in the form of TumbITrak, Loose-foam Pit play and Trench slide stations. (60 min 1x/wk)

LUNCH BUNCH:

Children will participate in their regular morning preschool class and then stay for an additional half hour to have lunch together. After lunch, staff will escort children back to the floor for guided free play as time allows. Children must provide their own lunch! (1x/wk)

OTHER INFORMATION

In order to secure a spot in any of our classes, we must receive a completed registration form, signed waiver, tuition payment, and an annual registration fee.

We do NOT re-enroll students automatically, nor do we maintain a priority registration system. Spots are filled on a first-come, first-serve basis.

Gymnastics and cheerleading students wear leotards or shorts/tee shirts (jeans, skirts, or other loose clothing and jewelry are not permitted)

Unfortunately, we do not offer any type of make up class. No exceptions!

class	class days/TIMES REQuestEd				
	Mon	Tues	Wed	Thurs	Fri
Tumble Buddy 2s	9:00	1:30	9:00 10:00	10:00	9:00 10:00
3 All Me	10:00 1:30 3:30	9:00 1:30	9:00 10:00 1:30 2:30	9:00 1:30 2:30 3:30	9:00
Fantastic 4s	10:00 1:30 2:30	10:00 1:30 2:30 3:30	10:00 1:30	10:00 1:30	10:00
Lunch Bunch		11:00			
Boys	11:00	1:30	1:30		

class	TUITION SCHEDULE				
	Session #1 (Aug 16th-Oct 11th) 8 Week Session	Session #2 (Oct 14th-Dec 16th) 8 Week Session	Registration Fee (Renew in August each year)	Both Sessions and Reg. Fee	
Tumble Buddy 2s	\$95	\$95	Single \$75 Family \$100	Single \$265 Family \$290	
3 All Me AM classes	\$85	\$85	Single \$75 Family \$100	Single \$245 Family \$270	
3 All Me PM classes	\$95	\$95	Single \$75 Family \$100	Single \$265 Family \$290	
Fantastic 4s AM	\$116	\$116	Single \$75 Family \$100	Single \$307 Family \$332	
Fantastic 4s PM	\$130	\$130	Single \$75 Family \$100	Single \$335 Family \$360	
Lunch Bunch	\$158	\$158	Single \$75 Family \$100	Single \$391 Family \$416	
Boys AM classes	\$116	\$116	Single \$75 Family \$100	Single \$307 Family \$332	
Boys PM classes	\$130	\$130	Single \$75 Family \$100	Single \$335 Family \$360	

Mom's Name _____ Cell Phone # _____
 Dad's Name _____ Cell Phone # _____
 Mailing Address _____ City _____ Zip Code _____
 Home Phone # _____ E-mail address _____
 Emergency Contact Name _____ Phone # _____
 How did you hear about us? _____

First child's name _____
 Birthdate ____/____/____
 Male Female
 Class Level _____
 First choice class day _____ Time _____
 *2nd day _____ Time _____
 Second choice class day _____ Time _____
 *2nd day _____ Time _____

First child's name _____
 Birthdate ____/____/____
 Male Female
 Class Level _____
 First choice class day _____ Time _____
 *2nd day _____ Time _____
 Second choice class day _____ Time _____
 *2nd day _____ Time _____

**Does your child have any special needs we should be aware of? _____