

# Kids Fit Club Registration Form

**Child's Name** \_\_\_\_\_

**Child's Birthdate** \_\_\_\_\_

**Address** \_\_\_\_\_

**Parents' Names** \_\_\_\_\_

**Home Phone** \_\_\_\_\_

**Best # to Call** \_\_\_\_\_

**Best Email** \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Emergency Phone** \_\_\_\_\_

**Fees:** *Sibling discounts available*

1 child = \$125 for one month

2 children= \$225 for one month

3 children= \$325 for one month

**Amount Due prior to 1<sup>st</sup> day of class:** \_\_\_\_\_

Please send payment in full before or on 1<sup>st</sup> day of class to ensure reservation.  
Make checks payable to Julie Sawyer.

Call Julie Sawyer at 803-984-0714 or email [julies@thepalisadesc.com](mailto:julies@thepalisadesc.com) if you have any questions.