



Welcome to Jacksons Gymnastics, a family owned business committed to teaching gymnastics in a safe and fun environment. All of our coaches love children and are well trained in the sport of gymnastics. Our goal is to ensure that you and your child are 100% satisfied with our Kidz Klub Afterschool Program.

**Guidelines:**

1. The children should have a comfortable change of clothes: athletic clothing or leotard. Please no skirts, dresses, or baggy clothing. Students must have their hair pulled back. Please provide a hair tie for your child if necessary.
2. Your child is enrolled in Jackson's recreational gymnastics classes as part of our Kidz Klub and participation in the instructional gymnastics program is a requirement.
3. **Pickup is by 6pm.**
4. Pickup is promptly after the program ends. Jacksons Gymnastics is not responsible for your child after the Kidz Klub ends.
5. There is a **\$50.00 registration fee and a \$75.00 family registration fee.**
6. Please pack a snack and water for your child. Jacksons does not provide either. Jacksons does have pre-packaged snacks and drinks for sale.

**Reminders:**

- Payment can be made for the Kidz Klub monthly, weekly or biweekly.
- If you need to withdraw from the program, we require a written document a week prior to your withdrawal date. It must be a WRITTEN document via email or at the desk.
- If you or your child have any questions or concerns with the Kidz Klub, please let us know at the front desk.

Thank you for joining our program!  
Nicolle Lang  
Jacksons Gymnastics Program Director  
[jacksonsgymnasticsorlando@gmail.com](mailto:jacksonsgymnasticsorlando@gmail.com)  
407-888-4750

<p><b>Price Breakdown</b> 4-5 Days: \$70.00 3 Days: \$60.00 2 Days: \$50.00 Single Day: \$35.00 <i>*\$5.00 off sibling discount*</i></p>
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I \_\_\_\_\_, have read and understand the above polices of Jacksons Kidz Klub.



**\*Please save and give this to your child's teacher.**

Date: \_\_\_\_\_

To Mr./Ms. \_\_\_\_\_, at  
\_\_\_\_\_ . This

informing you that my child,

\_\_\_\_\_ will

be transported from school by Jacksons Gymnastics. You may also  
contact JACKSONS GYMNASTICS at 407-888-4750.

Thank you,

\_\_\_\_\_  
Signature of Parent or Guardian.



## Policies

Parent Initial

\_\_\_\_\_ There are no make-ups, refunds, or credits.

\_\_\_\_\_ I agree to pay all tuition monthly, weekly, or bi-weekly.

\_\_\_\_\_ I may terminate this agreement upon a written document to the Jacksons office. The drop notice must be in **WRITTEN** format.

\_\_\_\_\_ I understand that my child(ren) will NOT be allowed to attend if they have had a cough, a fever, and or fatigue within the last 14 days. If a child shows any symptoms, you will be asked to take that child home until symptoms are gone.

\_\_\_\_\_ I understand that if I do not inform Jacksons Gymnastics that my child is missing school by **NOON** of each school day that I will be charged a \$10.00 fee for absence.

\_\_\_\_\_ Weekly tuition is due on every Friday. I understand that if payment is not made by 6:30 pm on Friday that my card will be processed with a \$10.00 late fee. If payment is declined, I understand that my child will **not** be picked up until payment is made with the late fee.

JACKSONS GYMNASTICS REQUIRES A CC # ON FILE FOR THE ABOVE REASONS

NAME ON CREDIT CARD \_\_\_\_\_

CREDIT CARD # (REQUIRED/ON FILE) \_\_\_\_\_

EXP DATE \_\_\_\_\_

**AGREEMENT:** Initial that you understand the policies of Jacksons Gymnastics. Charge of above CC if you fail to meet any of the above criteria/policies.

INITIAL \_\_\_\_\_

**AUTOMATIC DRAFT:** If you would like to be put on automatic draft for the weekly payment, please initial below. (**\$2.00 service charge** fee with card transactions). Automatic drafts will be drafted at 2:30 pm every Friday.

INITIAL \_\_\_\_\_

CHILDS NAME(s) \_\_\_\_\_

JACKSON'S GYMNASTICS

7101 PRESIDENTS DR. SUITE 399

ORLANDO, FL. 32809

