



KIDZ IN MOTION Enrollment Form

Date: _____

Child's name: _____ Child's birth date: _____

Gender: { } Male { } Female

Parent or guardian: _____ Membership #: _____

Address: _____

Home phone: _____ Work phone: _____

****The Kidz Program is an upgrade to your membership. The fees will be paid via EFT along with your Center for HealthFitness membership fees. As with membership dues, a 30 day notice prior to cancellation is required. Please see the Member Services Desk. ****

Regular membership:

- { } 1 child \$ 36.00 per month
- { } 2 children \$ 47.00 per month
- { } 3 children \$ 58.00 per month
- { } 4 children \$ 69.00 per month

Drop off membership date: _____

- { } 1 child \$8.00 per day
- { } 2 children \$16.00 per day

****Please specify:**

- { } Drop off
- { } Bill every month with Membership dues

PAYMENT INFORMATION:

Amount: _____

Method: _____

First billing date:

Parent/Guardian signature:

Associate signature:
