



340 Wheatley Plaza, Greenvale NY 11548
 516-277-1950 www.gravityinmotionny.com

Fall 2017 Youth Registration

Classes fill up quickly; therefore, in order to insure your child's placement in appropriate classes, it is in your best interest to register early. Send your child's registration form with a non-refundable \$100 deposit. Remaining balance is due after the third week of classes (October 6th, 2017). We accept cash, checks, MasterCard, Visa, American Express. Please make all checks payable to Gravity in Motion, you may email us at gravityinmotionny@gmail.com

Students First & Last Name		Age & Grade in September
Street Address	Town	Zip Code
CHECK BOX IF THIS IS A NEW ADDRESS <input type="checkbox"/>		
Cell Phone #		Alternate Telephone #

Clearly Print EMAIL ADDRESS – (important, to receive information throughout the school year)

***PLEASE, NO BUSINESS EMAIL ADDRESSES, ONLY INDIVIDUAL EMAIL ADDRESSES Our Email server does not work with business email addresses**

By making any payment(s), I acknowledge that I have read and understand policies, tuition and payment system, and agree to all Gravity in Motion policies. Please enroll my child for the 2017 Fall Semester at Gravity in Motion.

Signature: _____

Class(es) For Which Your Child Is Registering

*Please Note: Teachers and Classes Are Subject To Change

Day:	Time:	Class:	Teacher:
Day:	Time:	Class:	Teacher:

Amount Enclosed \$	Cash	Check #	Date Paid	Credit Card #:	Expiration Date
					Code:

Please check here if you DO NOT want your balance automatically paid on due date

Please check here if your child has any special needs

Indicate if your child has any special needs, or difficulties with learning, vision, hearing, attention, motor skills, or any other challenges, so we can offer your child the best gravity experience.

USE THE BACK OF THIS REGISTRATION FORM TO DESCRIBE YOUR CHILDS INDIVIDUAL NEEDS