

TumbleBus Time



Ages: 2 1/2 and up

Phone:(479)301-5351 **Email:**TumbleBusTime@gmail.com

Website: TumbleBusTimeNWA.com

Already missed a class? Don't worry you can join anytime! Call or text for a pro-rate

Our Program:

- Improves fine and gross motor skill development.
- Promotes emotional and social growth.
- Creates and helps build self-confidence.
- Teaches your child respect for others and their environment.
- A NWA program for over 20 years!

Our Classes Are:

- Noncompetitive.
- Taught by an instructor with a background in gymnastics and childcare.
- Taught once a week for 30 minutes.
- Structured with a monthly theme and weekly lesson plans to engage your child's imaginations.
- Our curriculum and lesson skill levels vary by age, allowing your child to grow with us until they head off to Kindergarten.

Cost:

- **Plan A- Per Session \$180 Taxes Included**
-16 weeks of classes taught once a week for 30 minutes.
- **Plan B- Per "Month" \$45 Taxes Included**
- 4 weeks of classes taught once a week for 30 minutes.

Payment:

- We accept payment in the form of cash, check, or online payment.
- Invoices and payment reminders will be sent via email.
- Please make checks payable to TumbleBus Time.
- Payments are considered late if they are a month past due.

Need to knows:

- **!!No transportation is involved!!**
- We do not accept weekly payments.
- Tuition is due regardless of child's attendance, facility closure, or inclement weather.
- Our Inclement Weather Policy is to follow public school district closures due to hazardous road conditions.
- Classes due to instructor cancellation will either be credited to your account or a make-up class will be held on a Friday. This decision is made by the owners.

If you are interested in enrolling your child. Please fill out the back of this sheet and turn it into the TumbleBus Time Tuition box at your child's school.

TumbleBus Time Enrollment

STUDENT'S NAME: _____ AGE: _____
PARENTS NAME: _____
PARENTS CELL PHONE: _____
PARENT'S EMAIL: _____
CHILDCARE FACILITY: _____
MEDICAL CONDITIONS: _____
WE GIVE TREATS! IS YOUR CHILD ALLERGIC ANYTHING?

PAYMENT PLAN (Circle One):

Plan A \$180- per 16 week session **Plan B** \$45- per 4 week "month"

I understand that I am committing to the monthly program and I can withdraw at any time as long as I contact the TUMBLEBUS TIME office. I understand that my child will be taken to class each week unless I notify the TUMBLEBUS TIME office otherwise. I recognize that a risk is involved in participation in gymnastics and related activities and that requires adherence to rules and discipline. I, the undersigned parent or guardian, release TUMBLEBUS TIME LLC, their officers, instructors, and the childcare facility from all responsibilities and all claims for injuries received while participating or practicing gymnastics and its related activities. I understand that TUMBLEBUS TIME LLC is not responsible for providing cash refunds for classes my child does not attend. Tumblebus Time will make every attempt to transfer your credit either to another party or another participating center in the event that your child leaves the center in which they are enrolled. TUMBLEBUS TIME LLC retains the right to remove my child from class for severe behavior that causes safety issues. I understand that classes due to instructor cancellation will either be credited to your account or a make-up class will be held on a Friday. This decision is made by the owners of TUMBLEBUS TIME LLC. I understand that I will not receive credit or a make-up class due to child absence, facility closure, or scheduled holidays unless otherwise arranged. I understand that classes canceled due to inclement weather are not eligible for make-ups or credit.

PARENT'S SIGNATURE: _____
PRINT PARENT'S NAME: _____ DATE _____
DATE OF FIRST CLASS: _____
AMOUNT ENCLOSED IF PAYING WITH CASH OR CHECK: _____

****If another person is paying tuition please list their information below for invoicing via email.****

NAME: _____
CELL PHONE NUMBER: _____
EMAIL: _____