

The GymSkills Program

4852 Vandorf Sideroad, Stouffville, Ont., L4A 7X5 Tel: (416) 723-4745

Application Form 2016-17

CHILD'S NAME _____
FIRST LAST

AGE _____ BIRTH DATE _____

PARENT'S NAME(S) _____

HOME ADDRESS _____

CITY _____ POSTAL CODE _____

DAYTIME PHONE NUMBER(_____) _____ NIGHTTIME PHONE NUMBER(_____) _____

EMERGENCY NAME & PHONE NUMBER _____

EMAIL: _____

PLEASE RATE YOUR CHILD'S PHYSICAL ABILITIES: VERY POOR ____ POOR ____ AVERAGE ____ GOOD ____
VERY GOOD ____

IF THERE ARE SPECIFIC GOALS OR AREAS YOU WOULD LIKE YOU CHILD TO IMPROVE IN DURING THE PROGRAM,
PLEASE GIVE A BRIEF DESCRIPTION:

IF YOUR CHILD HAS A MEDICAL INDICATION (E.G. ASTHMA), HEALTH NEEDS (E.G. DISLOCATES JOINTS EASILY), OR
A DISABILITY, PLEASE GIVE A BRIEF DESCRIPTION:

CLASS TIMES: CLASSES ARE DIVIDED BASED ON AGE TO PROVIDE AN OPTIMAL ENVIRONMENT, IF YOU ARE A NEW
REGISTRANT TO THE PROGRAM PLEASE CONTACT JESSE TO DETERMINE THE MOST SUITABLE CLASS

PLEASE INDICATE YOUR CHOICES IN ORDER OF PREFERENCE - 1, 2 9:00 ____ 10:05 ____

Open House: Sept 11 – Free to attend, contact Jesse to RSVP

____ **Fall Session: Completed**

____ **Winter Session: Jan 22-Apr 23 (12 Weeks – No class Jan 29, Apr 9) Fee: \$384**

**If you would like your child to have an individual 1:1 support instructor there is an
additional fee of \$150 per session.**

Please make cheques payable to Laura Hunter's STEPS Programs

Client Signature: _____ Date: _____

For any questions please contact Jesse Seguin at 416 723 4745 or jesse@stepsprograms.com