

Step 1. Family Information/Parent/Guardian/Billing Co	ontact						
Parent/Guardian First Name: Last Name:							
	City: Zip:						
ome Phone: Cell Phone: Work Phone:							
E-Mail (required) :	How Did You Hear About Us?						
Emergency Contact: Emergency Contact Phone:							
Step 2. Participant Information							
1 <sup>st</sup> Participant Name:							
2 <sup>nd</sup> Participant Name:	_Age:	Birthday:	_/_	_/	_Sex:	Class:	
3 <sup>rd</sup> Participant Name:	Age:	Birthday: _	_/	_/	Sex:	Class:	
Special Medical Conditions/Allergies/Restrictions:							
In consideration of participating in activities at Horizon Kids Complex, LLC, I represent that I understand the nature of this Activity and that I an qualified, in good health, and in proper physical condition to participate in such Activity. I acknowledge that I believe evert conditions are used. I will immediately discontinue activity. I acknowledge that I believe evert conditions are used. I will provide the activity. I acknowledge that the activity. I acknowledge that the activity is a default, the drivity is and framework of the activity. I acknowledge that the activity is a default, the drivity is and framework of the activity. I acknowledge that the event, the drivity is and framework of the activity. I acknowledge that the event, the drivity is and framework of the activity. I acknowledge that the activity is a default, which may be acused by my own actions, or inactions, those of other sparticipation in the Activity. I acknowledge the activity is a default, which may be acused by my own actions, or inactions, those of other sparticipation is the Activity. I acknowledge the activity is and the activity. I acknowledge the activity is and the activity and activity and activity and activity. I acknowledge the activity is and activity and activity and activity. I acknowledge the activity is and the activity is and the activity is and the activity and activity and activity and activity and activity. I acknowledge that an activity is and the activity is and activity and activ							
Step 3. Payment and Installment Billing Information (This is a binding agreement)I would like AUTOMATIC installment billing. Please charge my credit card the 1 <sup>st</sup> of each month for my balance due (or each Monday for summer childcare) and email me my receipt. Auto billing only applies to programs that have installment tuition. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if the above named persons and/or participants are enrolled in a program that has installment tuition I am continuously enrolled in the program and I will incur installment tuition charges on my account until I submit a Horizon class drop requestI am registering for a program that is FREE or DOES NOT have installment tuition at this time. Fees for other products and/or services shall be paid for at the time of purchase and/or registration. I understand if I do enroll in a program that does have installment tuition I agree to the tuition payment, enrollment, and installment billing terms contained in this registration form and I am continuously enrolled in the program and I will incur installment the program and I will incur installment the program and I will incur installment tuition charges on my account until I submit a Horizon class drop request. I understand that if I choose to pay in full for a school year program, this tuition is non-refundable.							
I have read and completely understand all terms and conditions of this agreement.							
Signature: X				D	ate:		
Visa or MC only **Programs that do not have tuition are EXEMP Credit Card Number:				Ex	cpires _	/ CVC:	