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# Enrollment Form

## Health Disclosure

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ M / F

I wish to enroll my child in the Stretch-n-Grow Fitness Program being conducted at:

\_\_\_\_\_  
(Please Name the Child Care Facility)

Monthly Cost: \$32

Please make all checks payable to Stretch-n-Grow or you may also pay online at [www.stretchngrowstl.com](http://www.stretchngrowstl.com).

Stretch-n-Grow is a physical fitness and exercise program. Your child will be actively exercising through cardiovascular and callisthenic exercises for approximately 30 minutes once a week. Exercise consists of age appropriate warm-up, floor exercises, and a cool down. Please list and describe below any injuries, allergies, or health conditions, which might limit your child's participation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### BANK CARD/CREDIT CARD PAYMENTS

For your convenience, you can now set up a PayPal account and automatically pay your bill online each month on our website at [www.stretchngrowstl.com](http://www.stretchngrowstl.com). If you will be using this form of payment, please check the box below and complete the rest of the enrollment form.

I will be paying my monthly fee of \$32.00 through PayPal online at [www.stretchngrowstl.com](http://www.stretchngrowstl.com).

*Thank You!!*

Occasionally, photographs or videos of various classes are used for local and national marketing purposes. If you **do not** want your child's photograph/video used, please check here. (Please Note: Names are never disclosed without specific written parental permission.)

I understand that Stretch-n-Grow is a voluntary enrichment program and I agree to pay for my child's participation. I understand that fees are due in advance and that they are due regardless of absences. I also understand that my child will only participate when the monthly fee has been paid. I agree that Stretch-n-Grow and its affiliates will be held harmless in case of accidents or injuries.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_