

Date:

Preschool Monthly Payments

Genesis Team Member Signature

Parent Name:	Email:	Email: Home phone:		
Child Name:	Home ph			
GENESIS GYM Member: Yes No	Cell phor	Cell phone:		
Program Name	Monthly Member Rate	Monthly		
Preschool 2 ½ -3yr 8:30-12:30 T/TH	\$290	Guest Rate \$310		
Preschool 3 yr 8:30-12:30T/ TH	\$290	\$310		
Preschool 3 yr 8:30-12:30 MWF	\$355	\$375		
Preschool 3yr 8:30-12:30 M-F	\$505	\$525		
Preschool Pre-K 8:30-12:30 T/TH	\$290	\$310		
Preschool Pre-K 8:30-12:30 MWF	\$355	\$375		
Preschool Pre-K 8:30-12:30 M-F	\$505	\$525		
I authorize the monthly payment of rate indicated above or after the 1st of every month. This payment will be de (September through May) or until I withdrawal from the	ducted every month for	each Calendar Schoo		
Select Option #1 and write in your card numbers along with an expiration date and security numbers below for Preschool tuition/charges or select Option #2 to use your gym card on file with Genesis for Preschool tuition/charges:				
1) Use Credit/Debit Card #Exp Security #on back 2) Use my current card on file with my Genesis Gym Membership:				
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CANCELLATION : The parent/guardian wishing to withdraw notice 14 days in advance of the withdrawal date.	w their child from Genes	s Preschool must subr	mit a written	
LATE FEE: If autopay payment declines, the unpaid balance will be incurred.	e must be settled by the	15th of the month or	a \$20 late fee	
rent Signature Date:				