

**Tuition Options 2011/2012**

**Magic Tumble Bus Registration 2011/2012** 1379 N. Cloverdale Rd, Boise, Idaho 83713 (208)375-0063

Plan A Weekly \$10  
Plan B Monthly \$37  
Plan C Block

Fall Block (20 weeks) \$185  
(September 5 - January 27)

\* Closed Nov 24-25 and December 26-30

Winter Block (17 weeks) \$140  
(January 30 - June 1)

\* Closed March 26 -March 30

Summer Block (12 weeks) \$88  
(June 4 - August 24) **\*\*12 wks for a 9 wk price!\*\***

Discounts Sibling Discounts  
2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, child  
Plan B \$33  
Plan C: Fall \$166  
Winter \$126  
Summer \$79



\*I have read and understand the payment process  
\*I will not hold my child's center responsible for activities held on the Magic Tumble Bus  
\*I give permission to my child's center to release my child to Magic Tumble Bus staff  
**PARENTS:** PLEASE BE ADVISED THAT ANY ACTIVITY INVOLVING MOTION OR HEIGHT CREATES THE POSSIBILITY OF ACCIDENTAL INJURY. PARENTS ASSUME ALL RESPONSIBILITY FOR ANY INJURY DUE TO PARTICIPATION IN THIS ACTIVITY.

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**\*\*All payments should be placed in the Magic Tumble Bus Mailbox at your child's center\*\***

**\*\*Tuition payment covers one month. In each month students will receive 3-5 lessons. Tuition will not be prorated. Refunds will be issued in the form of a credit applicable to MTB or Tumble Time.  
\*\*\$5.00 of every \$37.00 Magic Tumble Bus charge is allocated for the recreational use of Magic Tumble Bus mobile facilities. Idaho State Sales Tax of 6% for recreational use is included in the \$37.00 MTB fee.**

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Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

Day Care Center \_\_\_\_\_

Parent's Name \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Email \_\_\_\_\_

Medical Conditions \_\_\_\_\_

Billing Option: (Check One) Plan A \_\_\_\_\_ Plan B \_\_\_\_\_ Plan C \_\_\_\_\_

Child's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Age \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home # \_\_\_\_\_ Cell# \_\_\_\_\_

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