

KIDS U STAMFORD

SPRING SCHEDULE

MARCH 22 - JUNE 4

11 – 17 months (Mommy & Me)

M	9:15 – 10:05	GYM
T	2:40 – 3:30	GYM**
F	11:10 – 12:00	GYM**

***11-24 months*

18 – 24 months (Mommy & Me)

M	10:10 – 11:00	GYM
M	11:10 – 12:00	GYM*
M	3:50 – 4:40	GYM*
T	11:10 – 12:00	GYM*
T	2:40 – 3:30	GYM**
W	10:10 – 11:00	GYM
TH	9:15 – 10:05	GYM
TH	11:10 – 12:00	GYM*
F	11:10 – 12:00	GYM**

**18-36 months
**11-24 months*

25 -- 36 months (Mommy & Me)

M	11:10 – 12:00	GYM*
M	3:50 – 4:40	GYM*
T	9:15 – 10:05	GYM
T	11:10 – 12:00	GYM*
W	9:15 – 10:05	GYM
TH	10:10 – 11:00	GYM
TH	11:10 – 12:00	GYM*
F	9:15 – 10:05	COOKING
F	10:10 – 11:00	GYM

**18-36 months*

3 – 4 ½ yrs (Drop Off)

M	1:30 – 2:30	GYM
T	10:10 – 11:00	GYM
T	1:00 – 1:50	GYM
T	2:10 – 3:00	GYM/BALL
T	3:40 – 4:40	COOKING
W	11:10 – 12:00	GYM
W	1:30 – 2:30	GYM
W	3:50 – 4:50	GYM
TH	11:10 – 12:10	COOKING
TH	1:45 – 2:35	GYM
TH	2:45 – 3:35	GYM
F	9:15 – 10:05	GYM

4 ½ – 5.9 yrs

M	2:40 – 3:40	GYM/BALL
T	3:40 – 4:40	COOKING
T	3:50 – 4:50	GYM
W	2:40 – 3:40	GYM
TH	4:00 – 4:50	GYM

4 – 8 yrs

M	4:30 – 5:30	LEGO
T	4:45 – 5:45	THEATER
TH	2:45 – 3:45	BALL SKILLS
TH	3:50 – 4:50	LEGO

6 - 9 yrs

M	5:00 – 6:00	GYMNAST
T	5:00 – 6:00	GYMNAST
W	4:40 – 5:40	COOKING
W	5:00 – 6:00	GYMNAST

Blue Wave Kickers Soccer

Pre K (3-5 yrs)

W	12:30 – 1:15
W	1:30 – 2:15

K – 3

W	4:00 – 5:00
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**All Class Enrollments
Include FREE Unlimited
PlayQuad**

PlayQuad Hours

Mon – Wed	9:00-6:00
Thurs	9:00-5:00
Fri	9:00-1:45

CLASS FEES

45-50 min class	\$275
1 hour class	\$295
Sibling PlayQuad	\$ 50

Second Class/Siblings 10% discount

NO REGISTRATION FEE

REFUND POLICY

Students receive a full refund, less a \$50 cancellation fee, prior to the first class. Students are entitled to a pro-rated refund, less a \$50 cancellation fee, prior to their second class. No refunds will be given after that.

MAKE-UP POLICY

2 make-ups permitted per session.
Must be scheduled in advance.

**No Classes
April 12th – 16th**

Camp & PlayQuad Hours

KIDS



www.kidsu.com

**Kids U
633 Hope Street
Stamford, CT
Ph. 203-358-9500
Fx. 203-921-1714**

Stamford@kidsu.com

Kids U Stamford Spring Registration Form

1. Child's Name: _____ Birthdate: _____ Sex: M ___ F ___

If registering two children for classes or a PlayQuad Pass:

2. Child's Name: _____ Birthdate: _____ Sex: M ___ F ___

3. Address: _____ City: _____ Zip: _____

4. Parent's Name: _____ Home Ph: _____ Cell: _____

5. E-Mail Address _____

6. Participating Adult and/or person authorized to pick up child: _____

7. All Known Allergies/Physical Limitations: _____

<u>Class (Gym, Cook, etc.)</u>	<u>Day</u>	<u>Time</u>	<u>Age</u>	<u>Fee</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

PlayQuad Pass Name of Sibling(s): _____

Total Fee _____

LIABILITY WAIVER

In consideration of _____ ("my child") participating in activities at Kids U, I agree to assume all risk and hereby waive, and release Kids U, LLC and its officers, directors, employees and instructors (collectively "Kids U") from any and all claims or causes of action for injury, damage or loss to the person or property of my child. I further agree to indemnify and hold Kids U harmless from any and all losses, claims or causes of action for injury, damage or loss in any way relating to or arising from any incidents occurring at its facility. This waiver and release is intended to be an express waiver and release from any and all claims against Kids U arising from my child's participation in any activities, including all claims or causes of action based upon the alleged negligence or gross negligence of Kids U. This agreement shall remain in effect as long as and whenever my child participates in activities at Kids U. I also grant Kids U permission to provide emergency assistance and obtain medical care in the event of a medical emergency. Further, in consideration of my child's participation in Kids U activities, I grant Kids U the right to use and copyright photographs of my child taken at Kids U (but not his or her name) in Kids U print and electronic advertisements.

Parent or Guardian Signature _____ Print Name _____ Date _____

PAYMENTS

Please make checks payable to Kids U. Send to or drop off at 633 Hope Street, Stamford 06907. Visa or MasterCard accepted.

Credit Card# (mandatory if paying by C.C.) _____ Exp Date _____

CLASS FEES (includes unlimited use of PlayQuad for the entire session)

45-50 min class	\$275
1 hour class	\$295
Sibling PlayQuad Pass	\$ 50

REFUND POLICY: Students are entitled to a full refund, less a \$50 cancellation fee, prior to the first class. Students are entitled to a pro-rated refund, less a \$50 cancellation fee, prior to their second class. No refunds will be given after that.

Registration Fee **NONE**
10% discount for second class/siblings

MAKE-UP POLICY: 2 make-ups permitted during the session. Make-ups must be scheduled in advance in order to ensure a class spot.

Office Use Only: Roster ___ Charge ___ JR ___ Ck # _____ Notes: _____ Total _____

