BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT FORM

SCHOOL CHILD ATTENDS: Grade: MOTHER'S NAME: FATHER'S NAME: M. ADDRESS: F. ADDRESS: PHONE(LIST ALL): PHONE(LIST ALL): FAMILY PHYSICIAN NAME: PHONE: INSURANCE CO. NAME: PHONE: INSURANCE CO. NAME: PHONE: INSURANCE CO. NAME: PHONE: In case of emergency, contact name: Phone: Kim's karate requires a notice from your physician stating that the student named above is in adequate physical health to participate in our program. By signing below, you agree to walve any and all claims against persons connected with Kim's Karate. Also, you agree to grant Kim's Karate the permission to have your child's school releases information regarding your child's progress and any siciplinary occurrents from should serve as permission to have your child renameded of a situation should arise. As we are all aware, very young children are prone to mishap. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission transport and have your child transported to mishap. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission transport and have your child transported to mishap. Although we will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission transport and have your child transport and their respective are would need your specific permission transport and have your child transport and the will give every effort to have adequate supervision, occasionally accidents will happen. In the instance that an emergency arises we would need your specific permission transport and your child from the program. This is for the stepley and well being of all students and staff. Kim's Karate follows the schedule of Anne Arundel County Public Schools. We will only hold 12 day or all day camp on those days	STUDENT NAME:	Date of Birth:
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AUTOMATIC PAYMENT:		
Credit Card: MC VISA DISCOVER		
Account # Exp:	ccount #	Exp:
Signature of Card Holder Date	signature of Card Holder	Data