

BEFORE AND AFTER SCHOOL PROGRAM ENROLLMENT FORM

STUDENT NAME: _____ Date of Birth: _____

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: _____ POLICY# _____

In case of emergency, contact name: _____

Relation to student: _____ 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 waive 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 disciplinary concerns. This form should serve as permission to have your child transported to our center from their respective school, and to any and all outside activities that we have planned. This form also gives permission to have your child receive any and all emergency health care attention needed if 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 to transport and have your child treated by a professional caregiver/ physician, etc.

Kim's Karate reserves the right to remove any child from the program. This is for the safety and well being of all students and staff.

Kim's Karate follows the schedule for Anne Arundel County Public Schools. We will only hold 1/2 day or all day camp on those days that Anne Arundel County Public Schools are closed.

In order to cancel this enrollment, a 2 week written notice is mandatory. Should your child not be in attendance, payments are still due. Each student will accrue 1/2 week of free tuition every 6 months, this is to accommodate vacations, etc.

Parent/Guardian Signature

Date

FEES PER STUDENT: \$75.00 Annual Registration (New and Old Students)

_____ AFTER SCHOOL PROGRAM ONLY (ASP)

One Day- \$50.

Two Days- \$75.

Three or More Days- \$125.

(Full Days- Additional \$20. per day)

Total Number of
Days per week

_____ BEFORE CARE W/ AFTER SCHOOL PROGRAM

One or More Days- \$75. additional per week

_____ BEFORE CARE ONLY

One or More Days- \$75. per week

*Weekly payments made later than MONDAY EVENING will be charged a late fee of \$35. There is a \$35. service charge for returned checks. There is also a LATE CHARGE of \$5. for every 15 minutes later than 6:30pm when you are late picking up your child.

AUTOMATIC PAYMENT:

Credit Card: MC _____ VISA _____ DISCOVER _____

Account # _____ Exp: _____

Signature of Card Holder

Date