

YOON'S MARTIAL ARTS



2019 2020

AFTERSCHOOL PROGRAM

Section I

Please print and write legibly. Thank you!

Name of School Your Child Attends: _____ School Dismissal Time: _____

1. Child's Name: _____ DOB: ____ / ____ / ____ Age: ____ Grade: ____

2. Child's Name: _____ DOB: ____ / ____ / ____ Age: ____ Grade: ____

Parent's Name: _____ Date: _____

Home #: _____ Cell Phone #: _____ Work #: _____

Address: _____

Email Address: _____

Emergency Contact: _____ Phone #: _____

Names of People Authorized to Pick-up: _____

Section II

Afterschool Registration Fee: \$50.00 (annual per family)

Locker Fee: \$50.00 (annual per family)

Weekly Fee: \$80.00 per child

Payment Schedule (Please Circle One): Bi-Weekly or Monthly

Pick-up Time: 5:00 – 6:00 PM (Extra service for pick-ups up to 6:30 PM are \$10.00 additional per week.)

Automatic Payment

Card Type (Please Circle): Visa / MasterCard / Discover **Card Number:** _____

Exp. Date: ____ / ____ **Zip Code:** _____ **CVV Code:** _____

PLEASE NOTE: A fee of 3% will be added for automatic credit card payment arrangements. **Initial Here:** _____

Parent/Guardian Signature: _____ **Date:** _____

Section III

Afterschool Program Policy: *Please initial to indicate understanding our program policy.*

- All payments must be made on Friday before the start of the week or by the start of the week on Monday.
- Any payment received after Monday will incur a \$10.00 late fee.
- There is a \$30.00 service charge for each returned check.

Initial Here: _____

1. The Afterschool Program has a cost of \$80.00 per week. Please keep in mind that space for your child is reserved at all times. All students are required to purchase a uniform (\$70.00) and a locker for the year (\$50.00).

Initial Here: _____

2. The locker fee covers the entire school year. Each student must purchase a lock that fits their locker and give the combination or extra key to the school. At the end of the school year, students will empty their locker of all personal belongings. The school retains the right to empty lockers that are not cleaned out by the end of the school year.

Initial Here: _____

3. Our rates are weekly, not daily. You will be charged for the week even if your child(ren) are not in attendance. Our policy includes all weeks paid, regardless of attendance (including Spring Break). *There will be one week during winter break that will not be charged.*

Initial Here: _____

4. We emphasize to parents that we are a Martial Arts school and not a practicing daycare center.

Initial Here: _____

5. We are not permitted to pick students up on teacher in-service or half days. Parents may drop off their child, at 8:00 AM (earliest), as long as a 24-hour notice is given to a staff member. No notice means that the facility will not be open. In case of an emergency, please email us or send us a direct message on Facebook.

Initial Here: _____

6. All funds paid are NONREFUNDABLE, to include weeks paid in advance. No refunds are made on any payment (locker fee, registration fee, uniform, etc.) or time attended.

Initial Here: _____

7. Students must test for new belts on a regular testing cycle if they are deemed ready by their instructor.

Initial Here: _____

8. The school does not assume any responsibility for the loss, damage, or theft of any property belonging to the Student in the facility.

Initial Here: _____

9. I am responsible for notifying Yoon's Martial Arts (302-734-4429) if my child will not be attending for the day, will be dismissed early, or picked up early from school.

Initial Here: _____

10. Cancellation will require a two weeks' notice.

Initial Here: _____

SECTION IV

Medical Information

Doctor's Name: _____ Date of Last Examination: ____ / ____ / ____

1. Child's Allergies: _____

2. Child's Medication: _____

3. Other Health Concerns (Illnesses/Disabilities): _____

I approve the use of basic first aid and agree to all of the completed information.

Parent/Guardian Signature: _____ Date: _____

I hereby give consent, in the event of an emergency at which time I cannot be reached, to have my child transported by ambulance if the situation warrants it.

Parent/Guardian Signature: _____ Date: _____

PROGRAM/ACTIVITY LIABILITY WAIVER AND RELEASE: I understand that Yoon's Martial Arts is a Martial Arts School and NOT a daycare/tutoring center. Their intent is to teach martial arts physical and philosophical character building skills. I hereby give permission for the applicant(s) to participate in all program activities and agree to release Yoon's Martial Arts, its employees, and staff from all liability arising from any accident/harm/injury by the participation of my child(ren) in the program stated above. Parent/legal guardian understands that accidents and/or injuries could occur during activities and is willing to accept any and all risks involved with having their child/children attend the Afterschool Program at *Yoon's Martial Arts*. By way of copy of this form, I authorize the staff and employees of Yoon's Martial Arts to obtain medical/hospital treatment for the above participant in the event of an emergency. The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions and agrees to pay fees as described in the payment agreement. It is understood and agreed that any tuition/fees/payments should not be returned to the enrollee/parent/guardian for any reason. I willingly agree to obey the instructions in all ways, and it is understood and agreed that this Center shall not be liable for any damages or injuries from lessons. The enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless the Center from all losses caused by accident or injury to the enrollee or to third persons who may be enrollees by the Center, in the event that either the enrollee or said third person is injured in any way during the proper performance and execution of martial arts instruction. Because of the physical demands of martial arts instruction, enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition. I verify that the information provided by me on this form is both accurate and complete. I understand there are no refunds and I understand and agree to comply with the rules and regulations herein described.

Parent/Guardian Signature: _____ Date: _____

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