

Dothan and Enterprise Martial Arts Academy After School Care Program

Section I

[PLEASE PRINT CLEARLY]

1. Child's Name: _____ M/F D.O.B: _____

2. Child's Name: _____ M/F D.O.B: _____

Parent/Legal Guardian Name(s): _____ Drivers License #: _____

_____ Drivers License #: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Additional Phone: _____

Email Address: _____

Emergency contacts/Person(s) Authorized for pick-up:

Name

Phone

Section II

Registration Fee: \$50per child

Maintenance Fee: \$40per child (annual)

Weekly Pick-up Fee (including Taekwondo lessons): \$75 per week/ per child

\$65 per week / second child

Weekly Pick-up Fee (not including Taekwondo lessons): \$60 per week/ per child

Additional Services for After School Students:

One-day pick-up service/Drop-in service: \$25 per day/ per child

Early pick-up/Early dismissal from school: \$10 per day / per child

Late pick up (after 6:00pm): \$20 per week/ per child

Pick-up Payment Due: Bi-weekly or Monthly

Pick up time: 5:00 - 6:00pm

PLEASE NOTE: To reserve your place weekly, payment is due on the Friday preceding the week of attendance. You will lose your place in the program if absent for 2 weeks without prior arrangements made at the office.

PICK UP POLICY

Pick up time for the After School Care Program is no later than 6:00pm with a grace period until 6:15pm. Unless the late pick up option has been added on, there is a late pick up fee of \$5 for every 15 minutes (after the grace period). Please be prepared to pay upon pick up.

IMPORTANT PAYMENT POLICY

- If the payment is not made by Friday, we cannot provide service.
- There is a \$25.00 service charge for each returned check.

Note: NO Refunds. We do not generate a payment history; we advise that you keep all of your receipts.

Section III

I, _____, understand that Dothan and Enterprise Martial Arts Academy is a martial arts school and not a daycare center. I also understand that Dothan and Enterprise Martial Arts Academy is a martial arts school and a drop-in facility and that as such, my child(ren) is/are free to come and go and if my child(ren) are to stay at their facility, it is because of my direction and not the school's. I am to have my child picked up no later than 6:00pm unless other arrangements have been made with the Dothan and Enterprise Martial Arts Academy's Staff. If I am to be later, an automatic \$5.00 penalty will be applied to my payment for every 15 minutes I am late after the 15minute grace period. Two weeks cancellation notice is required. All payments must be made on time and I am aware that I may be penalized for any late payments. All funds and payments are non-refundable, including reserved weeks and also on payments already made or for time not attended due to spaces being reserved.

Parent/Legal Guardian Signature: _____ Date: _____

Liability Waiver

I understand all terms and submit my application for the martial arts program contracted. By doing so, I release all liabilities (medical or otherwise) within this waiver from the programs offered at Dothan and Enterprise Martial Arts Academy.

Furthermore, I waiver all claims of liability and the right to sue the school, employees or agents of Dothan and Enterprise Martial Arts Academy. I have given all information associated with my child or myself as required.

I understand that Dothan and Enterprise Martial Arts Academy cannot be held responsible for any accidents or other actions involving transportation, teaching, or other actions including those that result from neglect or improper behavior by my child or myself.

I agree that I am aware of my child(ren) voluntarily engaging in physical exercise, the use of equipment, and the use of the school's facilities, training and instruction, which could cause injury to the student. I also understand full contact martial arts may be permitted only with the use of proper safety equipment (which must meet regulations standards and are purchased from the contracted facility). I understand that Dothan and Enterprise Martial Arts Academy is not a daycare, but rather a martial arts school. The intent is to learn martial arts. This includes programs of attaining physical fitness, philosophy and character building skills.

Parent/Legal Guardian Signature: _____ Date: _____

Loss/Damage/Theft of Student's Property

The school does not assume any responsibility for the loss, damage or theft of any property belonging to the student. I agree that the school and its personnel are not responsible for or liable for any such property even if its loss damage of theft occurs on or about school's facility.

Parent/Legal Guardian Signature: _____ Date: _____

Section IV

School information

1. Child's Name: _____ Age: _____ Grade: _____

School Name: _____ School number: _____

Dismissal Time: _____ May stay until: _____

Please explain in detail how the pick up works at the school: _____

Would we need a paper with the child's name for the pick up line? Yes / No

Are there any specific instructions we need to know when picking up your child? Yes / No

If yes, please explain: _____

2. Child's Name: _____ Age: _____ Grade: _____

School Name: _____ School number: _____

Dismissal Time: _____ May stay until: _____

Please explain in detail how the pick up works at the school: _____

Would we need a paper with the child's name for the pick up line? Yes / No

Are there any specific instructions we need to know when picking up your child? Yes / No

If yes, please explain: _____

***If for any reason, we do not need to pick the your child(ren), please notify us at least a day before the pick-up. All funds are non-refundable due to spaces being reserved.**

Section V

Medical Transcript for After School

1) Child's Name: _____

Doctor: _____

Date of Last Exam: ____/____/____

1.) List any illnesses/disabilities your child may have:

2.) List any allergies (including insect bites, foods and medication):

2) Child's Name: _____

Doctor: _____

Date of Last Exam: ____/____/____

1.) List any illnesses/disabilities your child may have:

2.) List any allergies (including insect bites, foods and medication):

I approve the use of basic first aid and agree to have provided correct information above.

Parent/Legal Guardian Signature: _____ Date: _____

***If your child(ren) require administration of over the counter and/or prescription medication, please ask for a Medication Administration Form. We will not administer nor allow any medication to be taken without a signed Medication Administration Form.**