Dothan 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): $85 per week/ per child

Late pick up (after 6:00pm): $25 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 II

I,_____, understand that Dothan Martial Arts Academy is a martial arts school and not a daycare center. I also understand that Dothan 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 the 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 Martial Arts Academy's Staff. If I am to be late, an automatic $5.00 penalty will be applied for my payment for every 15 minutes I am late after the 15 minute 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 Waver

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 Martial Arts Academy.

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

I understand that Dothan 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 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, or theft occurs on or about the 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

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

If yes, please explain:_____

_____

***If for any reason, we do not need to pick up 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 illnesses/disabilities your child may have:

_____

_____

2. Child's Name:_____

Doctor:_____ Date of Last Exam: ____/____/____

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

_____

_____

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

_____

_____

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) requires 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.**

Section VI

Tutoring Information

Scheduling

To ensure that every parent and child's time is respected, appointments will promptly begin Monday preceding the week of attendance and end Friday evening. The appointment time slots are on a first come first serve basis. Parents and/or guardians have the option of rescheduling by Wednesday preceding the week of attendance, no exceptions.

If a conflict arises, such as, but are not limited to, class cancellation due to weather, absence of student due to medical attention with written excuse from the doctor, delay of tutoring session due to traffic on the way to the academy, Dothan Martial Art Academy's Staff will reschedule the students tutoring session. Each session is in 30-minute intervals.

Fees

No adjustments fees will be made for time lost due to early termination of session by the student. Payment is due upon sign up of the tutoring session, There will be no refunds, no exceptions.

Obligation of the Tutor

- The tutor structures sessions to optimize time to benefit the student.
- With exception of the student's parents and/or guardians, the tutor shall keep confidential of the student's information. The tutor shall contact other parties involved in the education of the student only if given verbal or written permission to do so.

Obligation of the Student

- The student shall assist the tutor in identifying problem areas in which the student needs specific tutoring.
- The student agrees to provide his/her own materials needed for each tutoring session (e.g.books, notes, other relevant study material, etc.).

Tutor Information

Tutors at Dothan Martial Arts Academy will either be graduates of universities/colleges and /or students currently in universities/colleges that have gone through background checks. While the tutor is confident in his/her skills and teaching ability, the tutor and the Dothan Martial Arts Academy makes no promises or warranties with regard to a student's performance as a result of any tutoring provided.

Session Amount (30 minutes): $15

I have read and agreed to all terms above

Student's Name:_____ Date:_____

Parent/Guardian's Name:

Parent/Guardian's Signature:_____ Date:_____