



**USA Spirit Christian TaeKwonDo
After-School Martial Arts Program**

Child's Name: _____ Date of Birth: _____

Male/Female Grade: _____ School Attending: _____

Parent/Guardian: _____

Address: _____

Relationship to Child: _____ Home Phone (____) _____

Work Phone: (____) _____ Cell Phone: (____) _____

Place of Employment: _____ Work Hours: _____

Emergency Contacts/Authorized to Release:

In case of emergency and guardians cannot be reached, the following adults should be contacted. (Required to be local; must list a minimum of two individuals.) These individuals will be authorized to pickup unless otherwise indicated.

1. Name: _____ Relationship to Child: _____

Home Phone:(____) _____ Work Phone:(____) Cell Phone:(____) _____

2. Name: _____ Relationship to Child: _____

Home Phone:(____) _____ Work Phone:(____) Cell Phone:(____) _____

AUTHORIZED TO RELEASE CHILD:

UNLESS OTHERWISE AUTHORIZED IN WRITING, no one but the parent/guardian/emergency contact may pickup children from the USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL PROGRAM. List below other adults authorized for this purpose.

1. NAME: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ WORK PHONE (____)

2. NAME: _____ RELATIONSHIP: _____

HOME PHONE: (____) _____ WORK PHONE (____)

PERSON(S) NOT AUHTORIZED TO TAKE CHILD FROM PROGRAM:

1. _____

2. _____

MEDICAL INFORMATION:

Name of physician _____ Phone (____) _____

Address: (required) _____

Hospital: Innovis, Meritcare, Other _____ (please circle) Phone:(____) _____

Clinic: _____ Phone: (____) _____

Name of Dentist: _____ Phone: (____) _____

Address: (Required) _____

Does your child have any identified physical, mental, emotional, or medical conditions, which we should be aware of in order to provide better care for your child? YES/NO
If yes, please specify the condition and any necessary modifications or medications:

Are there any medication your child regularly takes? YES/NO If yes please list below:

Will your child need to take medication(s) while at the USA SPIRIT CHRISTIAN TAEKWONDO ACADAMY AFTER-SCHOOL PROGRAM? YES/NO if yes please list below:

Does your child have allergies? YES/NO If yes, please describe: _____

What is the status of child's: VISION _____ HEARING _____ SPEECH _____

Is any condition present, which may result in a medical emergency YES/NO If yes please explain: _____

MEDICALCONDITIONS please check any that apply for your child.

- Attention deficit disorder (ADD)
- Attention deficit hyperactivity Disorder (ADHD)
- Specific learning disability (SLD)
- Mild to moderate mental impairment (MMM)
- Moderate to severe mental impairment (MSM)
- Physical Disability
- Developmentally Delayed
- Depression Disorders
- Visual Impairment
- Speech Impairment
- Hearing Impairment
- Early Childhood Special Education (ECSE)
- Emotional/behavioral Disturbed (EBD)

Other- please specify: _____

MEDICAL RELEASE:

In case of emergency involving the child on this enrollment form, I authorize USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY After-School program to use the information in the medical section for emergency medical treatment under the following conditions:

1. An emergency or unauthorized condition requiring actions for the preservation of the life or health of my child.
2. Reasonable attempts to contact Parent/Guardian/Emergency contacts have failed.

Parent signature: _____

CHILD PICK-UP POLICY:

It is the policy of the USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY After-School Martial Arts program that a child will not be released to any individual who is not named on this registration form as a parent/guardian/emergency contact or as an authorized pickup. **VERBAL PERMISSION BY PARENT IS NOT PERMITTED.** Any changes must be made in writing by the parent/guardian.

USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY After- School Martial Arts Program will close at 6:00 p.m. When a child is not picked up there will be a \$10.00 late charge for every 15 minutes after 6:00 p.m. The USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY After- School Martial Arts Program staff will make a reasonable effort to contact parent and emergency contacts using the information provided on the registration form by the parents. If the child is not picked up by 6:30 p.m., and no contacts can be reached, the Police Department will be notified for assistance.

Parent' Signature: _____

PARENTS STATEMENT ON DISIPLINE:

I understand that at times some form of discipline may be necessary for my child. I therefore, give my permission to the USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY After- School Martial Arts Program, from who I am receiving services, to use a non-severe discipline or restraint. I would prefer that my child be handled as described below: (Under any circumstances may no child be punched, spanked, shaken, pinched, bitten, roughly handled or struck by any adult in the facility.)

Parent Signature: _____

**USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER – SCHOOL
MARTIAL ARTS PROGRAM RELEASE STATEMENTS**

____ I agree to abide by the terms and conditions of the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM policies as stated on this enrollment form

____ I release and hold the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM harmless for any liability, loss, injury, or other damages arising in any way as a result of my child’s participation in activities included in the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM.

____ I authorize the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM to transport the child named on this enrollment form to participate in the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM and related activities. I understand that the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM may contract with a third party transportation service.

____ I understand, as parent or legal guardian of the minor child registered in the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM, understands and acknowledges that college students and other young adults may provide care and social interactions with the children.

____ I grant permission to the CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM to use names, pictures, news media coverage, and anecdotes for the purpose of educating the public to the services available. YES ____
NO ____

I HAVE READ AND AGREE TO THE POLICIES AND PROCEDURE LISTED ABOVE.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

**USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER – SCHOOL
MARTIAL ARTS PROGRAM
SCHEDULE FOR CHILD**

(YOU WILL NEED A SCHEDULE FOR EACH CHILD)

Parents set schedules for the days they wish their child to attend and are billed accordingly. Please be specific with dates and times of attendance. **Nonattendance on requested dates will be charged.**

Please notify USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY if child is scheduled and will not be attending.

Days contracted are based on the public/private school calendar. When school is not in session (ex. Holidays) there is no after- school programming.

AFTER SCHOOL SCHEDULE: (circle days)

Monday Tuesday Wednesday Thursday Friday

TRANSPORTATION FROM SCHOOL NEEDED: (circle days)

Monday Tuesday Wednesday Thursday Friday

SPECIFY TIME CHILD NEEDS TO BE PICKED UP & LOCATION :

(Please note that pick-up person will not be able to leave vehicle.)

NAME OF SCHOOL CHILD ATTENDS & TEACHER:

TELEPHONE # OF SCHOOL CHILD ATTENDS:

**USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER – SCHOOL
MARTIAL ARTS PROGRAM**

PAYMENT & COLLECTION POLICY

There is a \$50 deposit required to hold your spot for the upcoming school year. This deposit is required when you submit your application. This deposit is nonrefundable.

Your monthly payments of \$275.00 are payable on the 1st of every month. All payments are made payable to USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY, and you can

1. Mail all payments to USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY, 1518 29th Ave. S., Moorhead, MN 56560, or
2. Drop off in person to USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY, Moorhead, MN.

If paying with cash, a receipt will be issued. Please note that change will not be able to be given when making a payment. When payment is made by check, your cancelled is your receipt. Please write your child's name(s) in the memo section of the check in order to credit the appropriate amount.

All payments made are non refundable.

QUARTERLY PAYMENTS:

You have an option to pay quarterly for services and if you choose to do so, you will receive quarterly statements which are payable the first of the month each quarter. Quarters run from September – November, December – February, and March – May with no exceptions.

ALL PAYMENTS ARE NONREFUNDABLE!

PAYMENT AND DELINQUENT ACCOUNTS:

Any account not current (past due) will result in the account being placed on a possible suspension list and notice will be sent to the name on the account. **If the account is not made current before the next payment date, immediate suspension from the program will result.**

~ Past due accounts, no longer enrolled, may be forwarded to a collection agency.

~ Accounts with a history of being delinquent will be required to pay quarterly for the program.

QUESTIONS OR CONCERNS REGARDING THE ACCOUNT BALANCES SHOULD BE DIRECTED TO Ms. Kim @ 218-227-0500.

USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER – SCHOOL MARTIAL ARTS PROGRAM reserve the right to make alternate financial arrangements, on a case by case basis, with individuals in times of emergency or extenuating circumstances.

I have read the above payment and collection policy and agree to abide by the terms as stated above:

Parent/Guardian Signature

Date

**USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY
AFTER-SCHOOL MARTIAL ARTS PROGRAM
MEDICATION PERMISSION REQUEST FORM**

USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM requires that children who need prescription medication during the After-School Martial Arts Program hours must do the following:

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1. Arts Program whenever any changes in medication are made. Present a written consent form signed by the parent and/or legal guardian.
 2. Bring the medication in an original prescription bottle, properly labeled by a registered pharmacist, as prescribed by law.
 3. A new MEDICAL PERMISSION REQUEST FORM must be signed and returned to the After-School Martial Arts Program.

I, _____ hereby request that authorized USA SPIRIT CHRISTIAN
TAEKWONDO ACADEMY personnel observe my child _____

and hereby give permission for my child to receive (include medication and dosage)

at the following time(s) of day _____ until (state end date) _____

I also hereby inform USA SPIRIT TAEKWONDO ACADEMY of any special problems, side effects,
or special instructions (if none, so indicate):

I understand the USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM staff will observe my child taking their medication as an accommodation and convenience to me. I release and waive, and further agree to indemnify, hold harmless or reimburse the USA SPIRIT CHRISTIAN TAEKWONDO ACADEMY AFTER-SCHOOL MARTIAL ARTS PROGRAM, individual members, agents, employees, and representatives thereof from and against any claim which I, any other parent or guardian, my child or any other person may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of or in connection with the USA Spirit TaeKwonDo Academy After-School Martial Arts Program's observing medication administration the above described medication to my child or any rendering or the emergency medical procedures or treatment, if any, as result thereof.
