

RP U T



2016-2017 Before / After School Program Enrollment Registration Form

Child Information:

Student Name: D.O.B: Student Name: D.O.B: Student Name: D.O.B: SCHOOL:

Parental Information:

Father's Name: Mother's Name: Home Phone: Work Phone: Cell Phone: Address: Email:

Emergency Information:

In case of emergency contact: Relation: Family Physician: Insurance Company Name: Policy No: Expiration: Phone: Address:

I agree to waive any and all claims against persons connected with Yong in Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy.

Fees: After School M-F (5 days) \$125.00 Before School M-F (5 days) \$115.00 Before & After School M-F (5 days) \$195.00

*Credit Card Visa [] Master [] # Exp. [/]

Guardian: Date: / /