



KIM BROTHERS

After-School Program 2024

Completion of this form does not guarantee a placement in the program. This form must be accompanied with payment at the time of application/registration.

How did you hear about our program? Word of Mouth _____ Flyer _____ Internet _____ Other _____
School your child attends? _____

Student Information

1st Child's Name _____ Grade ____ D.O.B ____/____/____ Gender M F

Medical Conditions (Food Allergies, Epilepsy, etc.) _____

2nd Child's Name _____ Grade ____ D.O.B ____/____/____ Gender M F

Medical Conditions (Food Allergies, Epilepsy, etc.) _____

3rd Child's Name _____ Grade ____ D.O.B ____/____/____ Gender M F

Medical Conditions (Food Allergies, Epilepsy, etc.) _____

Parent/Guardian Information

Father/Guardian Name _____ Email _____

Place of Employment _____ Daytime Phone # (____) _____

Email _____

Mother/Guardian Name _____ Email _____

Place of Employment _____ Daytime Phone # (____) _____

A _____

Children will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to pick up the child(ren) from Kickin' Kids.

Name _____ Relationship _____ Daytime Phone # (____) _____

Name _____ Relationship _____ Daytime Phone # (____) _____

Name _____ Relationship _____ Daytime Phone # (____) _____

Name _____ Relationship _____ Daytime Phone # (____) _____

Name _____ Relationship _____ Daytime Phone # (____) _____

Name _____ Relationship _____ Daytime Phone # (____) _____



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PARENTAL AGREEMENT

Korea-USA Tae Kwon Do, dba Kim Brothers Kickin' Kids

1st Child _____ 2nd Child _____
 Start Date _____ Weekly rate per student \$85.00 _____

Additional Fees (Initial Required)

Early Release	Additional 12pm to 7pm	\$15.00 Initial	_____
Full Days	Additional 7am to 6:30pm	\$25.00 Initial	_____
Weekly Rate	Always the same 1 or 5 days(Cash)	\$85.00 Initial	_____
Credit Cards	(4%) Fee	Initial	_____
All Absences – Including Holidays	½ week tuition	Initial	_____

\$100

Registration Fee –

Guarantees your child's placement and with no increase in tuition for all selected weeks

***INCLUDES A UNIFORM**

Medical Information, and Release of Liability

Allergies _____

Other Medical Conditions _____

Physician _____ Physician's Office # (_____) _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPATION IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

In consideration of your acceptance of my registration, I do hereby, for myself, my heirs, executors and administrators waive, release and forever discharge any and all rights and claims for damages I or my family may have or which may accrue to me or my family against Masterpiece Tae Kwon Do Inc., dba Kickin' Kids and all members or its representatives. I hereby consent to have an associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I also agree to save hold harmless and indemnify each and all parties herein referred to above from all liability, loss, cost, claim or damage whatsoever, including death or damages to property. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I hereby state my children are physically fit to take the prescribed course on our free will. I also understand that enrollment fees and tuitions paid are non-refundable. I have also been informed that this program is NOT licensed by Bright From The Start. I hereby grant permission for my child/children listed on page 1 to ride the Kickin' Kids Van. My Child/Children will be traveling by van with a member of Kickin' Kids staff.

BY SIGNING THIS FORM, I AM AGREEING TO ALL TERMS AND CONDITIONS.

Parent/Guardian Signature _____ Date _____



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I understand enrollment fees and tuitions paid are non-refundable.

Initial _____

Kickin' Kids is not responsible for inclement weather or school cancellations. Initial _____

I understand that if my tuition is not paid by Monday 7:00pm there will be a \$20.00 late fee added and if tuition is not paid by 1:00pm Tuesday my child will not be picked up from school. Initial _____

I am aware that this program is not licensed by Bright from the Start.

Initial _____

By signing this form, I am agreeing to all terms and conditions stated in the application.

Parent's Signature: _____ Date: _____