### **AFTER-SCHOOL PROGRAM**



### 2021 Registration Form

The safety and well-being of our students and staff come first!

Please read thoroughly through our registration form and policy.

### **Important Program Information**

- 1. We provide pick-up and transportation at the end of the school day Monday through Friday. (Full days only. No pick-up and transportation on half days.)
- 2. Pick-up must be done by 5:30 PM (no exceptions).
- 3. Martial arts classes are taught Monday through Thursday.
- 4. No extra cost for all day care (7:30 AM 5:30 PM) on teacher in-service days.

#### We Pick-up From

Holy Cross | Calvary Christian Academy
Postlethwait Middle School | Fred Fifer III Middle School
Allen Frear | W. Reily Brown | W.B. Simpson | Star Hill | Campus Community

Cootion	п
Section	п

Date

Please print and write legibly.

Name of School Your Child Attends:				Scho	ol Disr	nissal <sup>-</sup>	Time: _	
1. Child's Name:	DOB: _	/	/	Age	e:		Grade	:
2. Child's Name:	DOB: _	/	/	Age	e:		Grade	:
Parent's Name:					[	Date:		
Home #: Cell Phone #:				Wo	rk #: _			
Address:								
E-mail Address:			Text	Allowe	ed?: \	/ES		NO:
Emergency Contact:			Phone	#:				
Names of People Authorized to Pick-up:								
<ul> <li>□ 1. Registration Fee: \$50.00 (per family)</li> <li>□ 2. Locker Rental Fee: \$50.00 (per family)</li> <li>□ 3. Uniform: \$70.00 (full set)</li> </ul> Payment Schedule (Please Circle One) Payments cannot be made week to week or day by day.		Option (Cost:	discounts and  A: After-so \$90/week)  B: After-so \$30/day)	chool	Martia			/
Bi-Weekly or Monthly  Automatic Payment (Optional)  A 3% transaction fee will be added for automatic credit of payment arrangements.  Card Type (Please Circle One): Visa / MasterCard / Discrete		(Please	Select: Circle One) elections: B Only)	A M	В	w	тн	F
Card Number:		l						
Exp. Date: / Zip Code: CVV Code: _		Veteran 11/26/2	Closed Ho 's Day (11/11), Christma	1/21), ī s (12/2	Thanks 23/21 -	- 12/31	/21), Ne	ew
Parent/Guardian Signature			01/01/2022), 04/15/22), M		_	•		ìood

## **AFTER-SCHOOL PROGRAM**

#### Section III

Please print and write legibly.

Medical Information	
Doctor's Name:	Date of Last Examination://
Child's Allergies:	
2. Child's Medication:	
Other Health Concerns (Illness/Disabilities:	
I approve the use of basic first aid to all of the completed information.	
Parent/Guardian Signature:	Date:
I hereby give consent, in the event of an emergency at which time I cannot ambulance if the situation warrants it.	
Parent/Guardian Signature:	Date:
ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is an MARTIAL ARTS (hereinafter referred to as "the Club") and Buyer and Stativity Waiver. All terms and conditions of the Activity Waiver remain in formula to the coronavirus, COVID-19, has been declared a worldwide particular extremely contagious and is believed to spread mainly from person-to governments and federal and state health agencies recommend social congregation of groups of people.	amendment to the Activity Waiver between YOON'S Student(s) listed below. It is not meant to supplant the full force.  Indemic by the World Health Organization. COVID-19 is poperson contact. As a result, federal, state, and local
The Club has put in place preventative measures to reduce the spread Buyer or their Student(s) will not become infected with COVID-19. Furth Student(s)' risk of contracting COVID-19.	
By signing this agreement, I acknowledge the contagious nature of CO Student(s) may be exposed to or infected by COVID-19 by attending the personal injury, illness, permanent disability, and death. I understand COVID-19 at the Club may result from the actions or omissions, of myse not limited to, Club employees, volunteers, and program participants and	e Club and that such exposure or infection may result in that the risk of becoming exposed to or infected by elf (the Buyer), the Student(s), and others, including, bu
I voluntarily agree to assume all of the foregoing risks and accept so (Buyer), including, but not limited to, personal injury, disability, and dea any kind (including attorney's fees, court costs, and disbursements), connection with Student(s)' attendance at the Club or participation in behalf of Student(s), I hereby release, covenant not to sue, discharge, a representatives, of and from the Claims, including all liabilities, claims, a out of or relating thereto. I understand and agree that this release includ Club, its employees, agents, and representatives, whether a COVID-19 any Club program. The provisions of this section will continue in full for Agreement.	th, illness, damage, loss, claim, liability, or expense, of that Buyer or Student(s) may experience or incur in Club programming ("Claims"). On my behalf, and or and hold harmless the Club, its employees, agents, and actions, damages, costs or expenses of any kind arising es any Claims based on the actions or omissions of the infection occurs before, during, or after participation in
If the Student(s) is a/are minor(s), the undersigned certifies that he or sl the Student(s), and further consents and agrees to all provisions regarding for all Student(s)' parents or guardians.	
Parent/Guardian Signature:	Date:

### **AFTER-SCHOOL PROGRAM**

#### Section III Cont.

Please print and write legibly.

PROGRAM/ACTIVITY LIABILITY WAIVER AND RELEASE: This Assumption of Risk and Waiver of Liability Relating to Coronavirus/COVID-19 is an amendment to the Activity Waiver between YOON'S MARTIAL ARTS (hereinafter referred to as "the Club") and Buyer and Student(s) listed below. I understand that Yoon's Martial Arts is a Martial Arts School and NOT a daycare/ tutoring center. Their intent is to teach martial arts physical and philosophical character building skills. I hereby give permission for the applicant(s) to participate in all program activities and agree to release Yoon's Martial Arts, its employees, and staff from all liability arising from any accident/harm/injury by the participation of my child(ren) in the program stated above. Parent/legal quardian understands that accidents and/or injuries could occur during activities and is willing to accept any and all risks involved with having their child/children attend any Program at Yoon's Martial Arts. By way of copy of this form, I authorize the staff and employees of Yoon's Martial Arts to obtain medical/hospital treatment for the above participant in the event of an emergency. The undersigned for the purpose of enjoying the benefits of instruction agrees to the below conditions and agrees to pay fees as described in the payment agreement. It is understood and agreed that any tuition/fees/payments should not be returned to the enrollee/parent/quardian for any reason. I willingly agree to obey the instructions in all ways, and it is understood and agreed that this Club shall not be liable for any damages or injuries from lessons. The enrollee understands that there is a risk of personal injury involved in said course of instruction and with this knowledge agrees to indemnify and save harmless the Club from all losses caused by accident or injury to the enrollee or to third persons who may be enrollees by the Club, in the event that either the enrollee or said third person is injured in any way during the proper performance and execution of martial arts instruction. Because of the physical demands of martial arts instruction, enrollee understands that he or she must be in good physical condition to participate in said instruction and hereby certifies that he or she is in good physical condition. I hereby grant permission for Yoon's Martial Arts to use any individual or group photograph and/or video showing my child in Yoon's Martial Arts activities for the use of public relations, promotional, and advertising purposes. I give consent for my child to ride in authorized vehicles for the purpose of transportation in connection with the Yoon's Martial Arts Program. I verify that the information provided by me on this form is both accurate and complete. I understand there are no refunds and I understand and agree to comply with the rules and regulations herein described.

Parent/Guardian Signature:	Date:
Section IV	
Supply List For Students in the After-school Martial Arts F	Program (Shared Supplies)
☐ 2 containers of clorox wipes	
☐ 2 bottles of hand soap	
☐ 1 box of tissues	
Student Rules For Parents and Students To Go Over	
☐ Proper hygiene must be maintained daily (especially feet	t <b>).</b>
☐ Students must wear shoes when going to the bathroom.	
$\hfill \square$ Uniforms must be taken home to be washed at the end	of each week.
☐ Locker rooms are strictly for changing only and not to pl	ay or hang out in.
☐ Lockers should are to be kept neat at all times.	
$\hfill \square$ Students must keep their hands and feet to themselves	at all times.
☐ No abusive or inappropriate language is allowed.	
$\hfill \square$ Accidents and all injuries should be reported to the staff	immediately.
$\hfill \square$ Students may only leave with an authorized adult. A valid	d ID is required.
$\hfill \square$ No cellphones are allowed to be out unless it is being us	sed for an emergency or with permission.
☐ No jewelry.	
Yoon's Martial Arts and the staff are not responsible for I belongings to prevent this.	ost or stolen items. Please have names written on
☐ Students who do not meet self-discipline standards will dismissed from the program.	be unable to participate in activities and/or will be

## **AFTER-SCHOOL PROGRAM**

Program Policy: Please read carefully and initial to indicate understanding of our program policy.

### **Section V**

Initial Here:	. 1.	We emphasize to parents that we are a MARTIAL ARTS school and not a practicing day care center. All students that are a part of our program are expected to uphold the Five Tenets of Taekwondo: Courtesy, Integrity, Perseverance, Self-Control, and Indomitable Spirit. Students that are a part of our AMP (weekly and daily) programs are expected to participate in martial arts classes unless excused by a parent or doctor. Students must be in uniform to participate in class.
Initial Here:	2.	All payments must be made on Friday before the start of the week or by the start of the week on Monday. Any payment received after Monday will incur a \$10.00 late fee (no exceptions).
		There will also be an additional fee for late pick-ups to compensate the staff member. \$5.00 for the first 30 min. and \$10 for anything more.
Initial Here:	3.	There is limited space in our programs but your child's spot will always be reserved. You will be charged for the week/day even if your child is not in attendance. Our policy includes ALL weeks paid, regardless of attendance. (12/23/21 - 12/31/21 is the only week not charged.)
Initial Here:	4.	There is a \$30.00 service charge for each returned check.
Initial Here:	5.	Payments must be made bi-weekly or monthly.
Initial Here:	6.	All funds paid are non-refundable (no exceptions) and includes weeks paid in advance. No refunds are made on any payment (locker fee, registration fee, uniform, etc.) or time attended.
Initial Here:	. 7.	I understand that if my child's temperature reading is above normal, he/she will be asked to stay home for the day.
Initial Here:	8.	The locker fee covers the entire school year. Each student is highly encouraged to get a lock that fits their locker and give the combination and extra key to us. At the end of the school year, students will empty their locker of all personal belongings. The school retains the right to empty lockers that are not cleaned out by the end of the school year.
Initial Here:	9.	We do not pick-up on half days, but parents may drop-off students on half-days as long as a 24-hour notice is given. Parent's may also drop off their child on teacher in-service days, 7:30 AM, as long as a 48-hour notice is given. No notice will mean that the facility will not be open. In case of emergency, please e-mail us or send us a direct message on Facebook.
Initial Here:	. 10.	Students must test for a new belt on a regular testing cycle if they are deemed ready by their instructor. Additional fees will be applied.
Initial Here:	. 11.	The school does not assume responsibility for the loss, damage, or theft of any property belonging to the student in the facility.
Initial Here:	. 12.	I understand the behavior policy (dismissal from our programs is possible if deemed necessary), and the zero tolerance for bullying policy.
Initial Here:	. 13.	I am responsible for notifying Yoon's Martial Arts (302-734-4429 or <a href="mailto:yoonsma@gmail.com">yoonsma@gmail.com</a> ) if my child will not be attending for the day, will be dismissed early, or picked up early from school. Continued failure to notify Yoon's Martial Arts will result in dismissal from the program.
Initial Here:	. 14.	Cancellation must be given a two weeks notice in advance by letter.
Initial Here:	15.	There is a minimum requirement of six weeks or more to participate in the program.

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