

MOUNTAIN KIM MARTIAL ARTS

AFTER SCHOOL PROGRAM REGISTRATION



Student Information

School Name _____

First Name _____ Last Name _____ D.O.B. (mm/dd/yyyy) _____ Grade _____ Gender _____

Parent Name _____ Email _____ Cell Phone _____

Emergency Contact Person _____ Relationship _____ Phone _____

Address _____ City _____ State _____ Zip _____

Allergies or Medication Information

I authorize Mountain Kim Martial Arts, LLC, to pick up my child and/or children from their respective school and transport them back to their facility. I understand that in the event of an emergency, **Mountain Kim Martial Arts, LLC**, requires my specific permission to transport my child and have them treated by a health care professional, and, if needed, transport him/her back to **Mountain Kim Martial Arts**.

I agree to give **Mountain Kim Martial Arts, LLC**, 24 hours notice for any absence. I also understand that pick up time is until 6:00pm; a late fee of \$10 for every 10 minutes will be assessed if my child and/or children are not picked up on time. **Mountain Kim Martial Arts, LLC**, may provide day camp on Federal Holidays. **Mountain Kim Martial Arts, LLC**, reserves the right to remove any child from the martial arts after school program. This action would be taken to ensure the safety and well-being of all students and staff members. This agreement is **non-refundable. No credit will be given for any missed days.**

Enrollment in this program will reserve my child's space for the year. **Payment is due before the 1st day of the month** for the entire month. A late fee of \$15 will be assessed if payment is not received before the 5th of the month.

I understand **Mountain Kim Martial arts, LLC**, is not licensed by the state as a child care and/or day care facility. According to the code of Virginia 63.2-1715, I understand that all students may be free to enter and leave classes or the premises as they please. However, for students' safety, **Mountain Kim Martial Arts**, LLC, will not dismiss students without parent's notice. **Mountain Kim Martial Arts, LLC**, will provide only martial arts instructions, not after school tutoring.

I understand that strict observation by me of the rules and regulations relative to my training, are the same as set out by **Mountain Kim Martial Arts, LLC**, will largely eliminate the possibility of accident or injury, but I hereby waive any claim of personal injury or damages against **Mountain Kim Martial Arts, LLC**, or any of its principles, instructors, agents, or employees in any case resulting from the subject activity.

Length of Contract **26-27** Total Amount \$ _____ Down Payment \$ _____

Balance \$ _____ Monthly Payment \$ _____ Registration Fee: **\$45** for the new students

☐ Monday	☐ Tuesday	☐ Wednesday	☐ Thursday	☐ Friday	B/4 School Monthly	After School Monthly	B4/After School Monthly
					☐ 2,3 days-\$200	☐ 2,3 days-\$450	☐ 2,3 days-\$620
					☐ 4,5 days-\$220	☐ 4,5 days-\$500	☐ 4,5 days-\$680

Mountain Kim Martial Arts

Responsible Party _____

Date _____

zelle
Seonghyeok Wi
201-615-2220



We will **CLOSED** all U.S Federal Holidays.





MT.KIM MARTIAL ARTS CENTREVILLE, LLC

After School Program Schedule



	Monday	Tuesday	Wednesday	Thursday	Friday
3:25 -4:55	Taekwondo Class 1(London Towne)				Fun Class
3:55 -4:25	Taekwondo Class 2(Deer Park)				
4:25 -4:55	Taekwondo Class 3(Cub Run,Bull Run)				
4:55 -5:30	Reading a Book	Board Games	Arts & Craft	Movie	Free Time
5:30 -6:00	Free Time (Ready to go home)	Free Time (Ready to go home)	Free Time (Ready to go home)	Free Time (Ready to go home)	Free Time (Ready to go home)

MT.Kim Martial Arts Centreville



After School Rules.

1. Listen & Follow to All Staff.
2. Everything needs **Permission**.
3. Please Raise your Hand for when **Asking**.
4. Homework Before **Activity**.
5. Never Use **Bad Words**.
6. No **Lie** or **Cheat** or **Steal**.
7. Never **Argue** or **Fight**.
8. No **Bullying**.
9. No Sharing **Food** or **Money**.
10. Keep Rooms & Cabinets **Clean**.

