

FCT AFTER SCHOOL PROGRAM REGISTRATION

Child's Name: _____ DOB: _____

Elementary School Name: _____

Child's Grade for the 2019-2020 school year: _____ Days attending: M, TU, W, TH, F

After School Program Start Date (Clay starts school 8/13 & Duval Starts 8/12): _____

Home Address: _____

Who has legal Custody?: _____ Relationship: _____

Parent 1 Name: _____ Parent 1 Cell# _____

Parent 1 E-mail: _____

Parent 1 Address: _____

Parent 2 Name: _____ Parent 2 Cell# _____

Parent 2 E-mail: _____

Parent 2 Address: _____

Payment Option (Select one):

- Auto Payment \$79 a week (2nd child \$75) (*Please complete Auto Payment Auth. Form*)
 Pay in Person - \$84 a week (2nd Child \$75)

Save money by setting up automatic payment. Auto payments save us time and money on billing. Auto bank draft or auto credit card payments may be set-up weekly, bi-weekly or monthly. Setting up auto payment saves us money and allows us to pass the savings on to you.

The child will be released only to the parent(s) authorized, or in the manner authorized in writing, by the custodial parent(s) or legal guardian(s). The **following people are authorized to remove the child** from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached:

Name: _____ **Cell#** _____

Name: _____ **Cell#** _____

Child's Physician Health Resource: _____ **Phone:** _____

Address _____
Street Address, Suite City State Zip

Has child had: Surgery _____ Serious Illness/Accident _____
Allergies _____ Phobias _____ Other _____

List any medications child is currently taking: _____

Special needs of child _____

I give permission to consult a physician in case of emergency if I/we cannot be reached.

Signature of Custodial Parent or Legal Guardian

Date

Parents Acknowledgement of Rules and Regulations

I hereby acknowledge receipt of the First Coast Taekwondo Kickin Kids After School and Summer Camp Program Rules and Regulations and policies. I further attest that I have reviewed the Discipline Procedures and Policies with my child(ren) and by signing below I agree to abide by these rules and regulations.

I am aware of and agree to:

First Coast Taekwondo's drop off and pick up times

Tuition Policy, Absences and Vacation Policy

Policies of Parent Handbook, including the behavior policy

Two week withdrawal notice

Authorization to Participate in Martial Art Classes and Release Form

Food and Nutrition Policy

Holiday's that First Coast Taekwondo is closed

Homework Policy

Movie Policy

Toy Policy

In addition, Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24), and the current "Influenza Virus Brochure". *(These items can be viewed on the department of children and families website at <http://www.myflfamilies.com/service-programs/child-care/brochures-facts-progress> or you may request at the front desk or via e-mail.*

Section 65C-22.006(3)(c)2., F.A.C., requires that parents are notified in writing of the disciplinary practices used by the child care facility. *(See behavior policy on our website or you may request a copy at the front desk or via email.)*

Your signature below indicates that you have received the above items and that the information on this enrollment form is complete and accurate.

Child's Name

Signature of Parent or Guardian (circle one)

Date

AUTHORIZATIONS & POLICIES:

_____ PERMISSION TO RIDE: I (We) hereby grant permission for said child to ride in our vans to the after school program located at 7540 103rd Street Suite109, Jacksonville, FL 32210 and/ or to any field trips.

_____ MEDICAL TREATMENT: I authorize school representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment. I have noted any and all special health-related conditions, diagnoses, and/or allergies regarding my child.

_____ PARENTS AGREEMENT TO PAY: I am responsible for making weekly tuition payments as set forth by First Coast Taekwondo. Payments are due on Monday of each week, and become delinquent after Tuesday's close of business. A \$10.00 late fee will be assessed each time a payment is delinquent. Payments are accepted in the form of cash, check, Debit, VISA or MasterCard. Checks are to be made payable to F.C.T. (First Coast Taekwondo)

_____ ABSENCES & VACATIONS: **In an effort to keep prices as low as possible and ensure a quality program, the After School Program is updating the absences policy effective 8/14/17.**

There are no deductions in weekly tuition fees for absences and vacations. However, your child will receive two free vacation weeks once he or she has been attending our after school program for six months (full time).

_____ HOLIDAYS: Our center is closed for all national holidays: New Year's Day, Memorial Day, Good Friday, 4th of July, Labor Day, Thanksgiving Day and Christmas Eve & Day. Tuition remains the same. Our center may also be closed on occasion for the day prior or day following a Holiday or Taekwondo School Event. These closings will be posted in advance.

_____ SCHOOL CLOSINGS: We may open during Christmas and Spring Break and other school closings if there is a high demand from the parents. For weeks where schools are closed one day, there is a \$10 - \$20 additional tuition fee for the full day if your child attend.

_____ MOVIE POLICY: Occasionally during the school year, we watch G and PG movies. I authorize my child to watch these movies.

_____ I am aware and agree to the following GENERAL POLICIES of the KK After School Program: *Tuition and Pick-up Policy, *Absences and Payment Policy, *Snacks, Dinner & Lunch Policy, *Movie Policy, Behavior Policy and Snack and Nutrition Policy.

_____ PHOTOGRAPH RELEASE FORM : I, the parent/ guardian listed below, authorize First Coast Taekwondo to photograph and video my child named below. I understand that these photographs may be used for public/FCT Website display and/or advertising purposes. I give consent to have my child's photograph taken.

_____ WITHDRAWAL: A two week notice is required when withdrawing from our After School Program. However, if a proper notice is not provided, a fee of your child's weekly tuition fee for each week of notice not provided will be charged.

Child's Name

Signature of Parent or Guardian (circle one)

Date

First Coast Taekwondo
7540 103rd Street #109
Jacksonville, FL 32210

Ph: 904-778-2348
FCTfrontdesk@hotmail.com

First Coast Taekwondo Recurring Bank Draft or Credit Card Payment Authorization Form

If you would like to enjoy the convenience of automatic recurring billing, simply complete the Bank Account or Credit Card Information section below and sign the form. All requested information is required. Upon approval, we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization by sending written notice in such time and in such manner to allow both First Coast Taekwondo and the receiving financial institution a reasonable opportunity to act on it. **Customer Information (to be completed by customer)**

Student Name(s): _____

Account Holder Billing Address: _____

City: _____ Zip: _____

Email address: _____ Phone (____) _____ - _____

Payment Information

I authorize First Coast Taekwondo and it's agents to automatically bill the account/card listed below as specified:

Service description: After School Program, **Recurring amount:** After School Program Weekly Tuition

Frequency Once Weekly Bi-Weekly Twice a month Monthly

(check one) Day of the wk: _____ Day(s) of month: 1st & 15th_

Start on: **A or** _____ / _____ **End on:** **A or** _____ / _____
Month Year (check one) Month Day Year
 No end date

A = Authorization is valid from the beginning to the end of the 2019-2020 Duval county and Clay county school year.

Credit Card Information

Account **Use Account on File** VISA Master Card Personal Checking Savings Account

Account holder name: _____ **Account holder ZIP Code** _____
(as shown on card) (from account billing address)

Yes or No: I authorize, incidental charges (Full days, testing fees, ect) to be charged to this account as they are incurred:

If Selected Bank Draft: Bank Routing # _____ and Bank Account # _____ or

If Selected Credit Card: Card number: _____ Card Expires: ____/____ Zip: _____ This

payment authorization is to remain in full force and effect until I, _____, notify First Coast Taekwondo of its cancellation by sending written notice in such time and in such manner to allow both First Coast Taekwondo and the receiving financial institution a reasonable opportunity to act on it. Accountholder by execution of this agreement waives any right to receive advance notice of the deduction associated with the services provided by First Coast Taekwondo or Agent and further authorizes a service charge not to exceed \$35 for returned, unpaid or declined transactions from the Bank and other fees and charges to be paid under this agreement. Accountholder further warrants that he/she is the owner or authorized signer of the referenced account and has full authority to enter into this agreement.

Customer's signature

Date

First Coast Taekwondo
7540 103rd Street #109
Jacksonville, FL 32210

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