



FIRST COAST TAEKWONDO

The Premier School

SUMMER CAMP MANUAL SIGNUP FORM

Student Name: _____ DOB: _____ Gender: Male or Female

Parent Name: _____ E-mail: _____

Cell Phone: _____ Address: _____

Special or Allergies Needs of Child: _____

Elementary School Name: _____ Grade 2018-2019: _____

Swim Ability (Circle One): Non-swimmer, Weak Swimmer, Moderate Swimmer or Strong Swimmer

Payment Option (Select One):

- ☐ Auto Bank Draft - \$149 a week (2nd Child \$140) – Need to complete Auto Payment Form
- ☐ Auto Credit Card - \$154 a week (2nd Child \$145) – Need to complete Auto Payment Form
- ☐ Pay in Person - \$159 a week (2nd Child \$150)

How Did you hear about our Summer Camp: _____

Please list your child's start date and end date for our Summer Camp program below. Also, for each Summer Camp week posted below, please mark which weeks child will be attending. **As a reminder, if your child is absent for an entire week, you must provide two weeks' notice in writing.** If two weeks notice is not provided, you will only be charged half tuition for that week.

- Summer Camp starts Monday, June 3rd and ends Monday, August 13th
- Clay County Starts School Tuesday, 8/13 & Duval County Starts School Monday, 8/12
- Drop of Window: 7am to 9am, Departure for Field Trip is at 9 am approximately
- Pick-up by 6:30pm

Summer Camp start date: _____ Summer Camp end date: _____

Summer Camp weeks (mark the weeks attending for each week listed below):

- ☐ June 3rd – June 7th, 2019: (Clay County last day of school is 6/5)
- ☐ June 10th – June 14th, 2019:
- ☐ June 17th – June 21st, 2019:
- ☐ June 24th – June 28th, 2019:
- ☐ July 1st – July 5th, 2019: (Closed July 4th)
- ☐ July 8th – July 12th, 2019:
- ☐ July 15th – July 19th, 2019:
- ☐ July 22nd – July 26th, 2019:
- ☐ July 29th – August 2nd, 2019:
- ☐ August 5th – August 9th, 2019:
- ☐ Monday August 12th – (Clay Co ONLY – Duval County Starts School this day):

Signature: _____ 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 or to make changes to summer camp weeks selected to attend. 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 (half week tuition during summer).

Child's Name _____

Signature of Parent or Guardian (circle one) _____

Date _____

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): «Custom.Contact:FirstName;C0» «Custom.Contact:LastName;C1»

Account Holder Billing Address: «Custom.Contact:Mailing:Custom.Address:St», «Custom.Contact:Mailing:Custom.Address:City»,
«Custom.Contact:Mailing:Custom.Address:Po»

Email address: Email «Custom.Contact:Email;C12» Phone (____) _____ - _____

Payment Information (to be completed by merchant)

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

Product/service description: Summer Camp Program_____

Recurring amount: Summer Camp Program Weekly Tuition_____

Frequency ☐ Once ☐ Weekly ☐ Bi-Weekly ☐ Twice a month ☐ Monthly ☐ _____
(check one) Day of the wk: _____ Day(s) of month: _____

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

A = Authorization is valid from the beginning to the end of the 2019 summer camp.

Credit Card Information (to be completed by customer)

Account Type ☐ **Use Account on File** ☐ VISA ☐ MasterCard ☐ 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 Printed Name: _____

Customer's signature _____

Date _____