



After School Program 2022-2023

Hours of Operation

- Monday - Friday
- 3:00pm - *6:00pm
- Ages 4 years and up
- **CLOSED - HOLIDAYS**

Registration

All After School Program students are required to pre-register. Limited space is available. Parents/Guardians must complete all registration forms along with a \$50 registration fee.

Fees and Payment Schedule

****Tuition: \$65 per week (with a card on file if program is not paid in full). PLEASE NOTE: TUITION MUST BE PAID WHETHER OR NOT THERE IS ATTENDANCE!** This ensures that your child's slot is reserved for the school year.

Weekly payments are drafted from the card on file every Thursday morning!

Late Charges: If payment is made after Thursday at pick-up, a fee of \$10 will be assessed.

Pick-Up

Pick-up time is at 6:00pm. The child will be released only to authorized persons as listed on the registration form by the parent/guardian. **Pick-up is always through the door to Suite 12;** this is to minimize difficulty during pick-up times. We will do everything possible to have your child ready upon your arrival. We ask that you wait for your child at the door as we get him/her ready for you. This will help a great deal!

Snacks

You are welcome to provide a snack and bottled water for your child/children. All students will have the opportunity to eat a snack while doing homework. If your child is celebrating a birthday and you would like to bring a cake or snacks to share with his/her friends, please let us know.

**A late fee of \$5 will be collected for students picked up after 6:00pm.*

***All tuition payments are non-refundable.*





Storage

All students are limited to one book bag and one sparring bag. Please do not send your child with a plastic/grocery bag.

Medication

Medication (prescription or over-the-counter) will not be administered to any student by our staff.

Illness and Absences

If your child cannot attend the program because of illness, scheduled appointments, vacations, etc., please inform us. If any emergencies occur, we will attempt to contact the parent/guardian first. If he or she cannot be reached, we will contact the emergency contact person on the registration form. After School Program fees are non-refundable.

Insurance

Parents/Guardians are **required** to provide accident/health insurance coverage for their children in order to participate in the After School Program. Please provide a photo copy of insurance coverage.

Homework

Please note that all students in the After School Program have adequate time to complete all homework assignments. We do not tutor; although we do offer assistance at times with homework assignments whenever we are available to do so. We recommend always checking your child's homework assignments when they get home from our program; this helps cut down on missing homework assignments at school!

Teacher Work Days/Holidays

We close on all major holidays. We are open on teacher work days. On breaks such as: Thanksgiving Break, *Christmas Break, and Spring Break, 2 days will automatically be covered for your child through your after school weekly tuition payment. If you need our services for the remaining days, you will be responsible for the difference of the cost of the week.

For questions, please reach out to the contact information below.

WE ARE SO EXCITED FOR ALL THAT THIS SCHOOL YEAR HOLDS FOR THESE AMAZING STUDENTS!

**The academy is closed for the first week of Christmas Break.*



AFTER SCHOOL REGISTRATION FORM

Please fill in the appropriate information below and return.

Enrollment Date: _____ Start Date: _____ Referred By: _____

Child Information (for additional students, please list name(s) & date of birth on reverse side.)

Name: _____ / _____

DOB: ___ / ___ / ___ DOB: ___ / ___ / ___

School: _____ / _____

Guardian(s) Information

Guardian Name (1): _____

Address: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email Address: _____

Driver's License: _____ SS# _____

Employer: _____ Job Title: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Guardian Name (2): _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Emergency Contact Information

In case of emergency, notify: _____

Relationship to the child: _____ Phone: _____

Address: _____

Alternate emergency contact: _____

Relationship to the child: _____ Phone: _____

Address: _____

Medical Care and Special Conditions

Does the child have any allergies or special needs? (please specify below)

Primary Care Provider

Name: _____

Address: _____

Phone: _____

Health Insurance Provider

Name: _____

ID: _____

Subscriber's Name: _____

Emergency Situation Transportation Arrangement

Ambulance Service: _____ Child Will Be Taken To: _____

(Parents/Guardians are responsible for all emergency transportation charges)

Parental/Legal Guardian Consent and Agreement for Emergencies:

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, including administration of Syrup of IPECAC if staff are so instructed by emergency medical service personnel, and if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for the emergency contact person listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Date: _____ Parent's/Legal Guardian's Signature(1): _____

Date: _____ Parent's/Legal Guardian's Signature(2): _____

TERMS & FEES

MEMBERSHIP FEES

Your program membership begins on ___/___/___ and expires on ___/___/___ - OR 30 days from sign-up date. Your membership fee is \$_____ and is due in full upon execution of this agreement, unless the following section is completed. Your payment schedule will be _____ equal consecutive monthly payments in the amount of \$_____ each, with the first payment due on ___/___/___ and the last payment due on ___/___/___.

TERMS AND CONDITIONS

- Payments not received by due date will have a \$5.00 late fee assessed. Additionally, **transportation will be discontinued until payment and application fees are paid in full.** We do not generate a payment history; therefore, it is advised that you keep record of your receipts.
- In the event your weekly payment is delinquent for more than one week, a \$5.00 late fee will be due for the first week. A \$10 late fee for each additional week thereafter may be assessed until all unpaid balances are paid in full.
- A returned check will have a service fee of \$25.00. For the second returned check, a \$30.00 service charge will be assessed. Additionally, the credit/debit card on file will be debited for the returned check(s) plus any outstanding fees, resulting in the right to have all future transactions made in the form of **cash only**. Your prompt payment is greatly appreciated.
- **THERE ARE NO REFUNDS.** However, as a courtesy, credit may be issued for services, equipment, or uniforms.
- If your child is absent for more than two weeks, you will lose your place in the After School and Summer Camp programs unless prior arrangements have been made with the academy's administrative personnel.
- **I understand that Danny Antoine's Martial Arts & Fitness Academy is a martial arts school and not a daycare. As such, their stock-in trade is not supervision and care. The intent of Danny Antoine's Martial Arts & Fitness Academy is to teach martial arts physical and philosophical character building skills. I understand that Danny Antoine's Martial Arts & Fitness Academy is a martial arts school and is a drop-in facility. As such, my child is free to come and go. Additionally, if my child stays at the Danny Antoine Martial Arts & Fitness Academy facility, it is because of my direction and not Danny Antoine's Martial Arts & Fitness Academy's.**
- **WAIVER & RELEASE:** Buyer and student(s) agree that the student(s) is engaging in physical exercise, the use of equipment, and the use of Danny Antoine's Martial Arts & Fitness Academy's training and instruction facility which can be dangerous to the student(s) and could cause injury to the student(s). The student(s) is voluntarily participating in these activities and buyer and student(s) assume all risks of injury to student(s). Buyer and student(s) hereby waive and release any claim or right to sue Danny Antoine's Martial Arts & Fitness Academy employees or agents for injury to student(s). Buyer and/or student(s) has carefully read this waiver and release and fully understands it is a release of all liabilities and damages to Danny Antoine's Martial Arts & Fitness Academy because of any injury that may occur. Danny Antoine's Martial Arts & Fitness Academy will make no explanation or recommendation as to whether the student(s) or guests are physically fit for any exercise. It is always advised to consult your physician before undertaking a physical exercise program, particularly martial arts activities.

TERMS AND CONDITIONS

- **LOSS/DAMAGE/THEFT OF STUDENT(S) PROPERTY:** Danny Antoine's Martial Arts & Fitness Academy does not assume any responsibility for the loss, damage, or theft of any property belonging to the student(s), and the student(s) agrees that the academy and its personnel are not responsible for or liable for any such property, even if loss, damage, or theft occurs on or about the academy's facility.

Authorized Signature: _____ Date: _____

PARENTS: IN CASE OF EMERGENCY, PLEASE LIST THE NAMES AND PHONE NUMBERS OF ANYONE AUTHORIZED TO PICK UP YOUR CHILD/CHILDREN, PLUS ANY ADDITIONAL INFORMATION ON THE REVERSE SIDE OF THE AGREEMENT.

PHOTO WAIVER & RELEASE: Please check the appropriate box below and sign.

Photographs and videos may be taken during the program for social media and marketing use.

- I give permission for my child's image to be used in any/all media.
- I do NOT give permission for my child's image to be used.

Signature: _____ Date: _____

TRAVEL AGREEMENT

I hereby give permission for my child/children, _____, to travel to all field trips in connection with the After School Program at Danny Antoine's Martial Arts & Fitness Academy. I have received a copy of planned field trip activities and I agree that my child is voluntarily participating in these activities. I, as the parent/guardian, assume all risks of injury to my child. I hereby waive and release any claim or right to sue Danny Antoine's Martial Arts & Fitness Academy employees and agents for injury to my child during these activities or transportation to and from said activities.

Parent/Guardian Signature: _____ Date: _____

Relationship to Child: _____

STUDENT AGREEMENT

PLEASE NOTE: To reserve your place weekly, **payment is due on the Thursday before the week of attendance.** With a credit card on file & authorization guaranteeing weekly payment, you will have a payment grace period until Friday. In the event of nonpayment by due date, you authorize your credit card to be charged for the amount due plus any applicable late fees and/or outstanding balances.

Payment Information

- Cash Check Credit Card: Visa MasterCard Discover AMEX

Card Number: _____ Expiration: _____ CVV: _____

Print: _____ Signature: _____ Date: _____