



# ASF AFTER SCHOOL PROGRAM Registration Form

SPACE IS LIMITED. There is a one time Registration fee assessed of \$30.00 per child-\$50.00 for 2 more children.

After School Program weekly dues	\$150.00
After School Program monthly dues- 25% discount	\$450/month = \$112.50/week
Early release days	+\$50.00/day
Holidays & Teacher Planning days	+\$110.00/ day
Additional tuition discount for siblings	(25.00)

**All payments are due prior to student attending our After School Program.**

Child's Full Name: \_\_\_\_\_

DOB: D/M/Y \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

School child attends: \_\_\_\_\_ Release Time: \_\_\_\_\_

Early Release time: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Phone number: \_\_\_\_\_ - \_\_\_\_\_ Father's Phone number: \_\_\_\_\_ - \_\_\_\_\_

Best Email contact: \_\_\_\_\_

Who does your child live with? Mother \_\_\_\_\_ Father \_\_\_\_\_ Both \_\_\_\_\_ Shared Custody \_\_\_\_\_ Other \_\_\_\_\_

Important Information we need, or should know about your child:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies/Medications: \_\_\_\_\_

Are there days in which your child will be regularly picked up early for any reason?

Day/s \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_

Day/s \_\_\_\_\_ Time: \_\_\_\_\_ Reason: \_\_\_\_\_



## ASF AFTER SCHOOL PROGRAM Student Information Form

Student's First Name: \_\_\_\_\_ Last: \_\_\_\_\_ MI: \_\_\_\_\_

### Primary Parent/Guardian

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel#: \_\_\_\_\_

### Secondary Parent/Guardian

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

Email: \_\_\_\_\_

Employer: \_\_\_\_\_ Tel#: \_\_\_\_\_

If your child is still here after 6:30 P.M. and we have not been able to reach anyone at home, work, or at the emergency numbers, the Broward Sheriff's Office will be notified. The pick up time is established by the Broward County School Board and MUST be strictly followed.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



## ASF AFTER SCHOOL PROGRAM Authorized Pick-ups

### Authorized Persons to Pick-Up other than parents

Permission is given for my child to be released from ASF After School Program to the following Individuals at the end of the day or otherwise specified by Primary Parent.

**IMPORTANT!!! A driver's license or government ID is required for release of child.**

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

### Emergency Contacts other than mother and father, of whom will be first contacted:

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_

First Name: \_\_\_\_\_ Last: \_\_\_\_\_

Home Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell#: \_\_\_\_\_



## ASF AFTER SCHOOL PROGRAM Late fees and Pick-up

We understand and empathize with the working parent/s. Therefore, as a courtesy, our facility is open for your children from 2:15 pm until 6:30pm, without additional charges. However, if by 6:30 you have not picked up your child, there will be an additional \$25.00 that will be assessed and due upon picking your child up or by the next day of service.

Weekly dues must be paid every Friday prior to the week of attendance. Payment can be arranged to be auto debited for your convenience to ensure no late fee will be incurred. However, please be sure to update your credit card before expiration or the fees will not be drafted and a late fee will be incurred.

Monthly fees are due by the first of every month. Thereafter, a \$50.00 will be assessed for late payment.

**Your child will not be permitted to attend our after school program until these outstanding fees are satisfied: Insufficient funds, overdraft on bank or credit cards, events will not excluded from being assessed a late payment of \$50. We reserve all rights to terminate your child from our program after the third offense.**

**I understand and agree to the Late Pick up Policy.**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

I hereby acknowledge that I have completed this form and give permission for my child to fully participate in any and all activities associated with Aikido of South Florida and it's After School Program as they are one in the same. This includes but is not limited to the physical and mental demands of Aikido martial art classes, Yoga and Meditation. We agree to comply with all the rules and teaching techniques, reprimands and penalties involved in instilling discipline and order. I agree to the financial obligation and terms of payment and the late charges incurred for late payment. I understand that if these terms are abused it will be grounds for termination from the program. Any balances remaining will be forwarded to a collection agency and subsequent charges incurred by the agency and will be added to the outstanding balances.

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

**All photographs and video taken will be property of Aikido of South Florida and may be used for advertisement in our website, local publications, school promotions and newspapers, or how we lawfully decide to advertise Aikido of South Florida.**

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

\_\_\_\_\_  
Date



## ASF AFTER SCHOOL PROGRAM Payment Information



- I authorized the Monthly Tuition of \$450.00 will be Auto-Debited on the 1st of the month. \_\_\_\_\_
- I authorize the Weekly Tuition of \$150.00 will be auto-debited every Friday. \_\_\_\_\_

Credit Card  Visa  Mastercard

I hereby authorize Aikido of South Florida, to charge my tuition directly to the credit card listed below:

\_\_\_\_\_  
Name on credit card (exactly as printed)

\_\_\_\_\_  
Billing Address for credit card

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
CVV Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*This authority is to remain in full force and effect until Company has received written notification from me of its termination in such time and in such manner as to afford Company and depository a reasonable opportunity to act.*