



ASF AFTER SCHOOL PROGRAM Registration form 2017-2018

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	\$110.00
After School Program monthly dues- 10% discount	\$396.00
Early release days	+\$25.00/day
Holidays & Teacher Planning days	+\$70.00/ 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: _____ - _____

Mothers Email: _____

Father's Email: _____

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 \$25.00 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 be 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 its 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 \$396.00 will be Auto-Debited on the 1st of the month. _____

I authorize the Weekly Tuition of \$110.00 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.

Checking/Savings Account

I hereby authorize Aikido of South Florida, herein called Company, to initiate debit entries to my:

Checking Account Savings Account (select one) indicated below at the depository financial institution named below, herein called DEPOSITORY, and to debit the same to such account. I acknowledge that the organization of ACH transactions to my account must comply with the provisions of U.S. law.

Depository Name

Branch

Routing Number

Account Number

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.

Name (Please Print)

Date

Signature