

# 2011-2012 After School Enrichment Program Enrollment Form

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_\_  
Address \_\_\_\_\_ School Student Attends \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ School Phone Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Home Phone# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Mobile \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Date Student Started \_\_\_/\_\_\_/\_\_\_ Uniform Size \_\_\_\_\_  
Email Address \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

## Parent/Guardian Information

Name _____	Name _____
Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
Home Phone # _____ - _____ - _____	Home Phone # _____ - _____ - _____
Work Phone # _____ - _____ - _____	Work Phone # _____ - _____ - _____
Mobile Phone # _____ - _____ - _____	Mobile Phone # _____ - _____ - _____

## Emergency Contact If Parents or Guardians Unavailable

Name _____	Home Phone # _____ - _____ - _____
Address _____	Work Phone # _____ - _____ - _____
City/State/Zip _____	Mobile Phone # _____ - _____ - _____

Please list any Medical Conditions the staff needs to be aware of. (Information Kept Confidential)

\_\_\_\_\_

\_\_\_\_\_

I give permission for my child to be picked up by the following people.

Name _____	TXDL# _____
Name _____	TXDL# _____
Name _____	TXDL# _____

In case of an Emergency, if I cannot be reached, I hereby authorize Peak Performance Martial Arts Inc. and its agents to have my Child or Children \_\_\_\_\_

Treated by the physician listed below or a physician of their choice.

Physician's Name _____	Phone # _____ - _____ - _____
Hospital Preference _____	Phone # _____ - _____ - _____

**I UNDERSTAND PEAK PERFORMANCE MARTIAL ARTS INC. DOES NOT PROVIDE ACCIDENT INSURANCE AND REGISTRATION FEES ARE NON-REFUNDABLE.**

Student, Parent/Guardians

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

## After School Registration Form Page 2

The registration fee for After-School is \$125. Should you fail to pay any weekly fees, late fees, late pick up fees or any other fees, the fees will be charged to your credit card number on file. These numbers that are filled out on this paper are kept in a safe and electronically, they are kept under a 128 bit encryption password system.

Card Type \_\_\_\_\_

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

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

**I Agree that registration fees are non-refundable and that a 30 Day notice is required to remove my child from the program. I must submit the withdrawal notification in writing and delivered via certified mail to Peak Performance Martial Arts and AAC. The 30 Days begins the day the certified letter is received, not the date that it is dated on the letter. I Agree that I will be charged if the proper notification is not given. I also Agree that I must keep a credit or debit card number on file should I fail to pay any weekly fees or late charges, they will be charged to my credit or debit card number.**

Parents Signature \_\_\_\_\_