SO'S TAEKWONDO

After School Program 2019-20

SCHOOL NAME: SCHOOL PHONE: SCHOOL ADDRESS: SCHOOL DISMISSAL TIME:	Start Date: _____ End Date:	Days of Care: __M__T__W__Th__F

Child's Name:	DOB: ___/___/_____	Age:	Grade in Fall 2019:
Address:	City/State/Zip:		Phone:
How did you hear about So's Afterschool Program? _____			

Primary Parent/Guardian Contact Information __Mother __Father __Other:_____

Primary Parent/Guardian Name:	DOB: __/__/_____ Gender:__M or __F	Cell #: Home #: Work #:
Home Address (if different from child):	City/State/Zip:	
Email:	My So's release to non custodial Parent?: __Y __N __N/A	Driver's License #:

Secondary Parent/Guardian Contact Information __Mother __Father __Other:_____

Secondary Parent/Guardian Name:	DOB: __/__/_____ Gender:__M or __F	Cell #: Home #: Work #:
Home Address (if different from child):	City/State/Zip:	
Email:	May So's release to non custodial Parent?: __Y __N __N/A	Driver's License #:

Emergency Contact/Authorized Pick Up (other than parents):

Name:	Home Address:	City/State/Zip:

Relationship to Child:	Phone #:	Driver's License #:

Additional Authorized Pick Up (other than parents):

Name:	Phone #:	Driver's License #:

Health History

Severe/Life-Threatening Allergies - Please list any food, environmental, or other allergies which are severe, life-threatening, or require emergency medication:

_____

_____

Special Considerations/Needs - Please list any Special Considerations relevant to your child, such as existing illnesses, previous serious illnesses, injuries or hospitalizations within the past 12 months, activity restrictions, developmental age, chronic health concerns, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

_____

_____

Required Medications - Please list any prescription medications which require administration during program hours or during emergency situations:

_____

*Prescription medications require written note and instructions by a physician
*Medication must be current
*Medication must be in original container

Authorization for Medical Treatment

In the event that I cannot be reached to make arrangements for medical treatment, I authorize So's Taekwondo staff to administer first aid/or transport to the nearest hospital or emergency care facility.

Name of Licensed Physician or Emergency-Care Facility:
_____

Street Address:_____

City:_____State:_____Zip:_____

Phone:_____

I certify that _____ has been examined by a licensed physician in the past 12 months, and is able to participate in So's Taekwondo's after school program. The Health History is correct to my knowledge, and the person herein described has permission to engage in all prescribed activities, expect as noted by examining physician and me.

Parent Signature:_____Date:_____

Admission Agreement

Initial	I give permission for my child to be transported in an authorized So's vehicle for planned trips.
Initial	I give permission for my child to view a Director approved PG movie, though it is not part of regularly scheduled lesson plans.
Initial	I certify that my child's current immunization records and TB test can be located at the school my child is currently attending.
Initial	I understand that I will be charged an additional $1.00 every minute I am late after the end of the program.
Initial	So's staff is not trained to review legal documents or court decrees. Decisions regarding who is authorized to pick up a child will be governed by the Primary Parent/Guardian information listed on this document. No person under 18 years old may pick up a child without a signed affidavit on file.

Initial	So's Taekwondo is hereby granted permission to use any individual or group photograph and/or video showing my child in So's Taekwondo activities for the use of public relations, promotional, and advertising purposes.
Initial	I understand the behavior policy (expulsion from our program is possible if deemed necessary), and the zero tolerance for bullying policy.
Initial	I understand that it is my responsibility to notify So's Taekwondo by 1PM daily if my child will not attend the program that day. I understand that I must call the designated site phone (717-521-9238).
Initial	I understand that So's Taekwondo will be closed on select holidays and care may be available at an additional cost. I further understand that during inclement weather, So's Taekwondo will not refund or pro-rate the weekly fee.

I have read the Admission Agreement and fully agree to its terms. By my signature, and of my free will, I do hereby agree to indemnify and save harmless So's Tae Kwon Do, LLC from any and all claims or demand, cost or expense arising out of any injuries, damages or other losses, whether personal or property, sustained by me or any party to who I am responsible.

Parent/Guardian Signature _____ Date_____

I have read and understand So's Taekwondo's Payment Agreement; I accept my payment plan and agree to abide by all of the policies in place. I understand that failure to uphold my payment arrangement will result in my child being suspended from the program until the account is in good standing.

Primary Parent/Guardian Signature: _____ Date: _____

Credit Card/Debit Card/Pre-Paid Card Draft/Cash/Check	
Circle: Visa Master Card American Express Discover	
Circle: Credit Card Debit Card Pre-Paid Card	
One Time Payment (Paid in Full) 10% Discount (Cash)	
Card Number:	Exp. Date _____/_____
	Security Code: _____ (3 or 4 digits)
Name on Card/Account: _____	
Billing Address: _____	

Weeks to be EXCLUDED:

Week of:_____ Week of:_____ Week of:_____ Week of:_____ Week of:_____ Week of:_____

Week of:_____ Week of:_____ Week of:_____

So's Taekwondo will not have after school program for your child on these Holiday breaks OR if your school district is closed, however, So's staff will run the program on weather related early dismissals: