



After School Care Program

Please complete the application form entirely to complete registration process. Please print clearly.

Sorry, No Refunds. No Exceptions.

Initial by the services you need

Services/ equipment (per child)	Fee	Initial	Notes
Annual Registration fee	\$50 (annual)	✓	
Annual Maintenance fee <small>*Due along with Registration fee</small>	\$40 (annual)	✓	
<i>Basic</i> Afterschool Program	\$94 (per week)		
<i>Platinum</i> Afterschool Program + Regular Evening Classes twice a week	110 (per week)		
Afterschool 1 or 2 day service <small>*No Sibling Discount</small>	\$25 per day		
Add on: Regular Evening Class	\$8 per class		
Add on: Sparring Specialty Class	\$12 per class		
Add on: Advanced Belt Class (green belt and up)	\$16 per class		
Sibling Discount (94,84,74 etc) <small>*No Discount on teacher workdays</small>	\$10 off each sibling		
Afternoon Snack	\$10 (per week)		
Teacher Workday Camp (No sibling discounts)	\$25 (per day)		
Spring Camp	\$185		
Spring Camp Registration fee	\$50 (annual)		
Summer Camp	\$195-\$250		
Summer Camp Registration fee	\$50 (annual)		
Standard White Uniform	\$70		
USA and KOREA Flag Patch Set	\$12	✓	Must be purchased within 4 weeks of starting at US-K
US-K (non-camp) T-Shirt	\$20		
Sparring Equipment age 7 & up (by white/yellow Belt)	\$260 female \$270 male		
Gloves for Tiny Tiger	\$25		
Color Belt Graduation Fees	\$50-\$100		
Required Inner School Annual Tournament	\$60 (for 2 events)		
Required Invitational Annual Tournament	\$60 (for 2 events)		

BALLANTYNE:

**11930 Providence Rd West (Suite C 1)
Charlotte, NC 28277
704.540.4224**

FORT MILL:

**506 Mercantile Place (Suite 102)
Fort Mill, SC 29708
803.802.4999**

WEBSITE:

WWW.USKMARTIALARTS.COM

DON'T FORGET: SIGN UP FOR OUR SUMMER CAMP TOO!

AFTER SCHOOL CARE PROGRAM INFORMATION

USK MARTIAL ARTS After School Care Program is for grades Kindergarten through 5th Grade. Middle School students may qualify dependent on which school he/she attends. Our After School Care Program is Open Monday-Friday from 2:30pm- 6:00pm unless otherwise marked. Teacher workday services will be available on need basis. After School service is provided for half day service. Our after school program has daily quiet time in order to allow students to complete homework and reading. Martial Arts classes take place Monday-Thursday and each 30-45min class will vary on lesson plan. Activities will include structured indoor teamwork encouraging games, fitness drills, academic support, free play, Legos, stations, arts, and foreign language.

NO SERVICE DAYS

There will be no service on snow days, early release days due to inclement weather, winter break, spring break, summer break and excluding marked holidays. USK MARTIAL ARTS follows the district school calendar.

TRANSPORTATION

You will need to notify your child's school office/ teacher of his/her "Change of Transportation" prior to the first day of after school service with USK Martial Arts. USK Martial Arts will not be able to verify pick up until the parent has confirmed with the school first.

USK Martial Arts provides transportation to the list of schools we provide after school care to. Some schools may vary. Our vehicles are branded with our logo and contact information. Our drivers are USK staff members and have a roster to do a daily attendance check.

PARENT PICK UP

Pick up at the end of each day can be as early as 4:30pm to ensure that your child has had time to work on homework and complete their lesson for the day. After School Care ends at 6:00pm. Please be prompt with pick up of your child. \$1 a minute is the late pick up policy and due upon pick up that evening.

PROCEDURE FOR WHEN YOUR CHILD WILL BE ABSENT FROM AFTER SCHOOL

You will need to contact the USK After School Program at 980-579-8005 (you may send an e-mail) before 2:00pm if your child will not be attending after school for that day. You can call or text this number. This ensures that our staff can arrive to the next school on time.

When a child does not show up for After School on his/her scheduled day, and we have not received a note or a phone call informing us of his/her absence, the following steps will be taken to help locate your child:

1. We will check with the teacher/office to find out if he/she was absent or signed out early that day.
2. We will attempt to contact the parent to confirm the child's location/absence.
3. We will wait for as long as it does not impact the next route of pick up.
4. We will continue to contact the parent.

ALL SECTIONS BELOW MUST BE COMPLETED IN ITS ENTIRETY FOR YOUR APPLICATION TO BE PROCESSED

SECTION I.

School Dismissal Time: _____ Name of School Your Child Attends: _____

[PLEASE PRINT CLEARLY]

1. Child's Name: _____ M / F Birth date: ____/____/____

2. Child's Name: _____ M / F Birth date: ____/____/____

3. Child's Name: _____ M / F Birth date: ____/____/____

Parent/Legal Guardian Name(s): _____ Drivers License #: _____

Cell Phone#: _____ Additional Phone#: _____ Phone#: _____

Home Address: _____

Email Address _____ Secondary Email Address _____

Emergency Contact: Name: _____ Phone #: _____

Name(s) of person(s) authorized to pick up Student: _____

SECTION II.

Registration Fee: \$50 (per child) **Weekly Rate:** \$94 1st child **Drop in service:** \$25 per day/ per child

Payment Schedule: **Monthly** (other payment schedule may be available upon special request)

Pick Up Time: 4:30~6:00PM Parents, please be prompt.

Extra Service available: Late pick up (6:30 or after): \$20 per week/per child

PLEASE NOTE: To reserve your place weekly, payment is due on the Friday preceding the week of attendance. With a Credit Card guaranteed payment you will have a grace day, which is on Monday. If there is no credit card on file, there is no grace day. **You will lose your place in the program if absent for 2 weeks without prior arrangements made at the office.** Any payment received after Monday will have a \$5 late fee. If payment carries over to the following week without being paid, in addition to the original \$5 late fee; a \$10 penalty fee will be added for each week it carries over. A 3% convenience fee will be added with any and all card transactions. I understand the above polices will be enforced. In the event of a nonpayment by the due date, I authorize my credit card to be charged for the amount due plus late fees. **Initial here X:** _____

ALL SECTIONS BELOW MUST BE COMPLETED IN ITS ENTIRETY FOR YOUR APPLICATION TO BE PROCESSED

Card Type: _____ (Amer. Expr NOT accepted) Card Number: _____ (MUST BE VALID)

Expiration Date: (Month/Year) ____/____ Zip Code: _____ CVV CODE: _____

PICK UP POLICIES: Pick up time for the Afterschool Care Program is no later than 6:00PM with a grace period until 6:15pm. Unless the late pick up option has been added on, there is a **late pick up fee of: \$1 for every minute** (after the grace period). Please be prepared to pay upon pick up. **NO Exceptions! NO Excuses!** We try very hard to accommodate your needs, but we must have guidelines to make everything run smoothly at US-K Martial Arts. Please help us to better serve all of our members. Thank you.

IMPORTANT PAYMENT NOTICE/POLICIES: If payment is not made by Monday; we cannot provide service until payment is made. (If the 1st day of service is a day other than Monday, payment is due the first day of attendance that week. There is NO grace period) your prompt payment is always appreciated.

-There is a \$25.00 service charge for each returned check.

-A 3% convenience fee will be added for the use of any and all card transactions.

- There is a 1 month buyout if you choose to discontinue Afterschool service.

- Paid monies CAN NOT be rolled over to another payment or be used as credit towards anything in the future. You will forfeit the amount paid if you do not attend Afterschool that day.

-Any payment received after Monday will have a \$5.00 late fee. If the biweekly/monthly payment carries over to the following wk without being paid, in addition to the original \$5.00 late fee; a \$10 penalty fee will be added for each week it carries over.

NOTE: NO Refunds. We do not generate a payment history, so we advise that you keep all of your receipts.

Initial here X: _____

I, _____, understand that US-K Martial Arts is a Martial Arts School and NOT a daycare/ tutoring center. Their intent is to teach martial arts physical and philosophical character building skills. I understand that US-K Martial Arts is a Martial Arts school and a drop-in facility and that as such, my child(ren) is/are free to come and go and if my child(ren) are to stay at their facility, it is because of my direction and not the school's. I am to have my child picked up no later than 6:00PM unless other arrangements have been made with the US-K Staff. If I am to be later, an automatic \$1 penalty will be applied to my payment per minute I am late after the 15 minute grace period (6:15pm). Two week cancellation notice is required and you are still responsible for the month buyout. All payments must be made on time and I am aware that I may be penalized for any late payments. I also understand that this is a martial arts program and not a daycare. **Initial here X:** _____

_WAIVER AND RELEASE: You, buyer and Student, agree that you are aware that the Student is engaging in physical exercise, and use of equipment, use of the School's facilities, training and instruction, which could cause injury to Student. Student is voluntarily participating in these activities and Buyer and Student assume all risks of injury to Student, which may result. Buyer and Student hereby waive and release any claim or right to sue the School, employees or agents for injury to Student, which may result. Buyer and Student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the School for any injury. The School will make no evaluation or recommendation whether Student or Guests are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly Martial Arts activities. I hereby agree to all terms and submit my application for the martial arts program contracted. By doing so, I release all liabilities (medical/otherwise) within this waiver from the programs offered at US-K Martial Arts. Furthermore, I waiver all claims of liability or other against any person, individual/staff of US-K Martial Arts. I have given all information associated with my child/myself as required. US-K Martial Arts will not be held responsible for accidents/other actions involving transportation, teaching, or actions that result from neglect or improper behavior by my child or myself. **Initial here X:** _____

_LOSS/DAMAGE/THEFT OF STUDENTS PROPERTY: The School does not assume any responsibility for the loss, damage or theft of any property belonging to the Student. Student agrees that the School and its personnel are not responsible for or liable for any such property even if its loss, damage or theft occurs on or about School's facility. **Initial here X:** _____

_I am responsible for notifying US-K Martial Arts promptly if/when my child will not be attending US-K for the day, will be dismissed early, or picked up early from school. Three to five consecutive weekdays constitute a "full week". There will be no roll over dates or credit into any future weeks for unattended days that have been already paid for. All funds and payments are non-refundable, including reserved weeks and also on payments already made or for time not attended due to spaces being reserved. Initial here X: _____

All funds and payments are non-refundable, including reserved weeks and also on payments already made or for time not attended due to spaces being reserved. I understand that US-K Martial Arts has the right to deny their services to anyone. I understand that these policies set forth will be enforced strictly in order to operate a smooth after school care program. No Exception. **Initial here X:** _____

Parent/Legal Guardian Signature _____ **Date:** ____/____/____

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SECTION III.

Medical Transcript for After School

Doctor: _____ Date of Last Exam: ____/____/____

1.) List any illnesses/disabilities your child may have:

2.) List allergies (including insect bites, foods and medication):

3.) My Child will need medication and US-K Staff is authorized to administer the following drugs ONLY:

a.) _____

b.) _____

c.) _____

I approve the use of basic first aid and agree to all of the completed information.

Parent/Legal Guardian Signature _____ **Date:** ____/____/____

EPI PEN ADMINISTRATION PERMISSION FORM

My child has an been prescribed an EPI PEN by their Physician. I hereby give USK Martial Arts permission to administer an EPI PEN to my child, if needed.

List any symptoms USK Martial Arts needs to watch to administer an EPI PEN due to an allergic reaction:

I approve USK Martial Arts to administer EPI PEN medication if needed.

Parent/Legal Guardian Signature _____ **Date:** ____/____/____