



After School Registration

Kim Martial Arts
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Section I

Date ___/___/___

Parent/Legal Guardian (Buyer) _____
First Name Last Name

E-Mail Address _____

Child's Name _____ D.O.B. _____

Address _____ City _____ ST _____ Zip _____

Phones: Home _____ Work _____ Cell _____

Employer's Name _____ Job Title _____

Employer's Address _____

Spouse Name _____ Spouse Employer _____

In case of Emergency, contact _____ Phone _____

Only the following people will be allowed to pick up my child without written permission:

Your child's school _____ Phone Number/Contact _____

How did you hear about us? _____

Any Health Concerns? (ex: Allergies/Physical Problems)

Section II-----

Day(s) Attending: M T W Th F 4-5 Days - \$85

Registration: \$125 (1st uniform included) 2-3 Days - \$75

1 Day - \$45

Notes:

ACH Information

I, the buyer, agree to have funds electronically deducted according to the above schedule
From the following account:

MC VISA DISC card # _____

Expiration Date: _____ Authorized Signature _____
(date)

Name as it appears on Card _____

Please Note:

Payment is due and payable the last day of each week for the following week. If payment is not received for any reason, we cannot provide service until payment is made.

Buyer _____ Date _____