

Austin Kenpo Karate Student Enrollment Form

Student Information

Student Name : _____
Date of Birth : _____
Date of Admission: _____
Student's School: _____
School Address: _____
City: _____ Zip: _____ School Phone: _____
Home Room Teacher: _____

Parent Information

Parent/Guardian: _____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____
Address: _____ City: _____ Zip: _____
Place of Work/Business: _____ Position: _____
E-Mail Address: _____
Other Contact Info: _____

Parent/Guardian _____ Relationship: _____
Home/Cell Phone: _____ Work Phone: _____
Address: _____ City: _____ Zip: _____
Place of Work/Business: _____ Position: _____
E-Mail Address: _____
Other Contact Info: _____

Emergency Contact/Pickup Information

(Emergency contacts in case parents/guardians can't be reached. I authorize these individuals to pick up my child in the event that I cannot. List individuals in the order that you would like for us to call in case of emergency and parent/guardians cannot be reached.) Please include their address or don't list them. Child Family Protective services will write me a citation if the address is not listed.

1. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
2. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
3. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
4. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
5. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____
6. Name: _____ PH #: _____ Relationship: _____
Address: _____ City: _____ Zip: _____

Operational Policy Acknowledgment

Receipt of After School Operational Policies (Check box and sign). This is a legally binding contractual agreement. It is strongly advised that you thoroughly read the Operational Policies and all contracts, and that you discuss any questions or concerns with the Director, prior to signing and submitting said paperwork.

I have read and understand the policies set forth in the Operational Hand Book and agree to the conditions and terms outlined. No other verbal or written modification of these documents exists.

Signature of Parent/Legal Guardian

Date

Printed Name

Austin Kenpo Karate Student Enrollment Form (Cont'd)

Emergency Medical Information and Immunization Records

In the event that I cannot be reached to provide emergency medical for my child I, authorize the instructor or representative of Austin Kenpo Karate to seek medical treatment for my child and/or to administer first aid and/or CPR.

Student's Name

Family Physician Contact Information

Physicians Name: _____ Phone #: _____

Address: _____

Insurance Information: _____

I give permission for my child to be treated at a local emergency room if necessary.

Preferred of Emergency Room (if possible): _____

I give consent to emergency medical treatment as seen fit by Austin Kenpo Karate in the event I cannot be reached or if an emergency does not permit time for Austin Kenpo Karate to reach me first.

My child's immunization records are on file at the public or private school.

School Address: _____ . City: _____ . Zip: _____ .

Phone Number: _____ . they are attending and all immunization and tuberculosis tests are current. All necessary vision and hearing screenings as required by the Special Senses and Communications Disorders Act are current and on file at the public or private school my child is attending.

Signature of Parent/Legal Guardian

Date

Printed Name

Medical History

Please list any medical conditions your child has such as allergies, illnesses, and injuries in the past 12 months that merited medical treatment and any medicines prescribed for long-term continuous use. Write "none" if this does not apply to your child.

1. _____
2. _____
3. _____
4. _____

Austin Kenpo Karate Student Enrollment Form (Cont'd)

AUTOMATIC CREDIT CARD BILLING AUTHORIZATION FORM (MERCHANT #64959781)

Student Name: _____

To set up your account for automatic billing, complete the credit card information below. All requested information is required to set up the account. Upon approval, Austin Kenpo Karate will automatically bill your credit card for the total of the daily rates for August, if applicable, plus registration fee, if applicable, prior to the 1st day of class. Thereafter the tuition amount indicated below will be charged to this credit card on either the 1st or 15th of every month, based on the option chosen below. The total of the daily rates for June, if applicable, will be charged automatically as well. All charges will be in accordance with the policies set forth by Austin Kenpo Karate. Your total charges will appear on your monthly credit card statement. Billing will end either at the date specified by this contract, or when you provide 30-day advance written cancellation via email at: sifu@austinkenpokarate.com, and is accepted via email by Austin Kenpo Karate. You agree to pay, and authorize Austin Kenpo Karate to charge, the credit card listed below: any and all late, cancellation, and other applicable fees in accordance with policies of the contract/program agreed to at time of enrollment and/or renewal.

Program Rates (Check One):

Annual Enrollment (Per Month): Five Day: \$322.95 Three Day: \$268.95 Two Day: \$253.95
Semester-Only Enrollment (Per Month): Five Day: \$370.95 Three Day: \$304.95 Two Day: \$268.95
First Week of School: \$168.00

Check here if this is the 2nd child (15% discount applies on tuition only as outlined in the Operational Policies)

Method of Payment (Please refer to the Operational Policies for rates and fees):

Credit Card: (Circle One) MC Visa Authorized Amount²: \$ _____

² Enter payment amount for option checked above (first month's tuition plus \$49.95 registration fee for RETURNING students with uniform, or \$79.95 for NEW students without uniform, due at time of registration). You authorize Austin Kenpo Karate to automatically debit this card every month (other than August as indicated above), on either the 1st or 15th, for the tuition rate checked above PLUS applicable fees listed in this Operational Policies. No other agreement exists outside of this contract unless mutually agreed upon, in writing via email or facsimile transmittal. DO NOT write contractual changes on this form; they will be considered null and void.

Recurring Monthly Withdrawal Date (Check One): 1st 15th

Credit Card Number: _____ **Exp (mm/yy):** _____ **CVV:** _____

Cardholder Name: _____

Cardholder Address, City, State, ZIP: _____

Cardholder Phone Number: _____

Check³ (Initial Payment Only) Number: _____ **Cash³ (Initial Payment Only)**
(There is a \$25.00 fee for all returned checks. Payment via another method will be due immediately if check is returned, and Austin Kenpo Karate reserves the right to decline payment via check in the future.)

³Please note when paying the initial payment by check or cash, subsequent payments must be made using a credit card or debit card (with a Visa or MasterCard logo) that is debited monthly. If paying the initial monthly payment by a method other than credit card please fill out credit card information on this page but DO NOT check the "credit card" box. We will then only use the credit card information provided for your child's 2nd and subsequent payments.

Methods to Submit Student Application Form (ALL pages):

1. **Mail** completed, signed forms and payment to Austin Kenpo Karate, 5501 N. Lamar Blvd. #A-225, Austin, TX 78751. Must be received by due date as outlined in Operational Policies to guarantee placement. We will attempt to reach you using the contact information given on this form to acknowledge receipt.
2. **Deliver** your paperwork in person (necessary for cash payments; optional for all others). Please call us prior to coming in, as instructors are not always available to take your paperwork and payment from you. We will do our best to work with your schedule.

If you are mailing your payment and would like to receive a paper receipt prior to the first day of after school pickup, please check which method you would like to receive it (otherwise you will receive your receipt on the first day of class):

Mail (Sent to cardholder address only)

Email: _____

Student Name: _____

How did you hear about us? (Check all that apply)

Current student

Internet search engine (Google, Yahoo, MSN, etc.)

Citysearch

Yelp

Other internet review site(s): _____

Facebook

Yellow Pages

Friend: _____

Other: