



\$40 Reg. Paid _____

Master Kim's World Class Tae Kwon Do After School Program Registration

Student's Name _____ Age: _____

School _____ Grade _____

My Child needs to be picked up on the following days: (part time 2 days/full time 3 days)

Monday Tuesday Wednesday Thursday Friday

Street Address (home)

City

State

Zip code

Home Phone _____ Race _____ Sex _____ Date of Birth _____

Email Address _____

TKD Student? Yes No If yes-current Belt level _____

Family Information:

Father's Name _____ Mother's Name _____

Father's Work phone: _____ Mother's Work phone: _____

Father's Cell phone: _____ Mother's Cell phone: _____

Best Contact Numbers (2:45-6:00pm) _____

Other Legal Guardian _____ Contact Phone _____

The following people have permission to pick up my child from the after school program. **Proper identification must be shown. NO other person will be allowed to pick them up.**

1. _____ Phone: _____ Relationship: _____

2. _____ Phone: _____ Relationship: _____

3. _____ Phone: _____ Relationship: _____



Emergency Medical Information

Student's Name _____

Please list any allergies (food, insect, contact, etc.):

List any medical conditions and the instructions to be followed should the condition present during after school program hours (asthma, diabetes, etc.)

Medical/Insurance Information:

Your Child's Doctor _____ Phone number _____

Preferred Hospital:

Medical Insurance Provider: _____ Policy # _____

Emergency Contacts:

In case of illness or any change in our regular working hours (including early dismissal due to inclement weather), please list the name and telephone numbers of two people and their relationship to the child, so that we may contact them in case you, the parent, cannot be reached.

1. _____ Phone# _____ Relationship _____

2. _____ Phone# _____ Relationship _____

3. _____ Phone# _____ Relationship _____

4. _____ Phone# _____ Relationship _____

Please read the following statement concerning our policy about medical emergencies.

In the case of an emergency such as an accident or serious illness, the after school director will contact the child's parents. If the parents cannot be reached, the director will contact medical personnel in order to take necessary measures to provide for the safety of the child.

Parent/Guardian Signature: _____ Date: _____