## World Champion Tony Young All-Star Karate Academy

6703 Shannon Parkway, Suite 6, Union City, GA 30291 404-763-8939 ~ www.tonyyoungkarate.com

#### Karate After School Program (Free After School Pick Up from School)

Karate Class – Monday thru Thursday -- Mandatory; Friday – Free Day Parent Pick Up Time: Any time between 5:30PM and 6PM (\*Pickup after 6:15PM Monday thru Thursday will be assessed a **Late Fee of \$1.00** for every minute after 6:15PM which is Due\_on the same day of pick up. **Late Fee Policy will be strictly enforced.** We **Close** promptly at **6:00pm on Friday**. No Late Pick Up Available!

▲ <u>One Time Activity Fee</u>: (New Students)

One Child \$145.00	Two Children \$245.00			
Three Children \$305.00	Four Children \$365.00			
Includes Uniform, T-Shirt, Karate Belt & Karate Notebook (Required Everyday)				
▲ <u>Weekly Fee</u> (3-5 days):				
One Child \$ 79.00	Two Children \$135.00			
Three Children \$190.00	Four Children \$245.00			
(1Day - \$55; 2 days - \$65 for 1 Child); (1 Day \$95; 2 Days - \$110 – 2 Children); (1 Day - \$125;				
2 David \$150 2 Children) (1 Dav \$160 4 Children 2 David \$200)				

2 Days - \$150 – 3 Children); (1 Day \$160 – 4 Children; 2 Days - \$200).

(If student was in the After School Program last year – the **Registration Fee is \$65.00**).

▲ Parent must provide **own snack** for Student or may buy **snacks** at the school for a nominal fee. ▲ **Payment** is due <u>each</u> Friday <u>leading</u> up to the week of pick up. A Late Fee of \$15.00 will be applied if payment is made after Friday. Student(s) will not be picked up if Fee is not paid by Wednesday. A reinstatement fee may be required to continue in the Karate Program.

▲ Please notify the Karate school in advance (Before 1PM) when student is not to be picked up – 404-763-8939 (Please leave a message if no answer). Any unnecessary trip to a school for a student who is not to be picked up will result in a \$15.00 fuel fee which is due on the next day pick up occurs. Notification is to be given if child is returning to the program the next school day or the date the student will be returning. No assumptions will be made by the Karate School when the child is returning.

▲<u>Accepted Forms of Payment</u>: Cash, Credit Card (Visa, Master Card, American Express, Discover), Debit Card, Check and Money Order, Cash App - \$TYKARATE.

\*There is a \$40.00 Fee for each Returned Check – Payable the next day after notification by cash, credit card or money order only. NO EXCEPTIONS! Participation in the program will be suspended until payment has been made to clear up the balance and a reinstatement fee may be required to continue in the Karate Program.

▲ Students participating in the After School Karate Program can also take the **Saturday** Karate Class. Check the schedule in your child's notebook to determine the appropriate class time. (**There is No Charge for this class**).

▲ We also offer School's Out Day Camp – 7AM - 6PM; (An Additional Fee is assessed – Inquire at the Front Desk). The Afterschool Karate Program operates under the Fulton County School System Calendar. Other schools that are opened on the Fulton County Schools' Closed schedule will need to make other arrangements for child pick up on those days or check with your child's driver to see if HE/SHE is available to pick up.

## **Please Retain for Your Information**

#### REQUIREMENTS FOR PARTICIPATION IN THE AFTERSCHOOL KARATE PROGRAM (Do Not Return with Application) PLEASE READ CAREFULLY

**<u>REQUIRED</u>**: Clean, Pressed Uniform, Karate T-Shirt & Belt <u>everyday</u> except **Friday** – Karate T-Shirt **Only** on Friday. **No** credit for class if student is not dressed out. 2 or more days within the same week or 5 times during any month will result in the student's ineligibility to **Test** until the next Test date. Other disciplinary action will also be taken at the discretion of the Instructor.

**<u>REQUIRED</u>**: Student must participate in the Karate Class every day that he/she is present and be prepared to work hard. A written note is **required** asking to excuse the child from class due to a medical or personal issue.

**<u>REQUIRED</u>**: Karate Notebook brought everyday except Friday unless taking a class on Friday.

**<u>REQUIRED</u>**: Student must stay in his/her seat and use the Seat Belt at all times when riding in the Van(s) or in any other designated School Vehicle. There will be no eating in the vehicle. Also, **no gum** is allowed in the karate school or in the school vehicles.

<u>**REQUIRED</u>**: No loud talking. No use of **profanity** or any other **inappropriate** language on van/vehicle or at the Karate school. **Any misconduct from any student should be reported immediately to the Instructor, Driver or Front Office Staff.**</u>

**<u>REQUIRED</u>**: No hitting or spitting on students, instructors or any staff will be tolerated from any child. First time, **warning**. Second time, the child will be **removed** from the program.

**<u>REQUIRED</u>**: Student must be respectful at all times to Instructors, Drivers, Staff, and to fellow students. **ABSOLUTELY NO BULLYING OF ANY KIND WILL BE ALLOWED!!!** If you feel that you are being bullied, report it immediately to Instructor, Driver or Front Office.

**<u>REQUIRED</u>**: A written note must be provided by Parent/Guardian if child has any allergies to certain foods/snacks/beverages, if the information has not been furnished on the application.

**<u>REQUIRED</u>**: A written note must be provided by Parent/Guardian if child is taking prescribed medication(s) or other medicines, including name & dosage while attending the Karate program.

**<u>REQUIRED</u>**: Advance notification must be given if child is not to be picked up from school on any given day(s). Failure to do so will result in an additional fee of \$15.00 for an unnecessary trip to the school. Parent/Guardian must contact the Karate School to inform the school when the child is to return. No assumptions will be made by the school as to the return date of the student(s).

**<u>REQUIRED</u>**: Student must be in their school's designated area for Afterschool Pickups – Drivers **cannot** and **will not** wait and look for student. If a child is left, parent/guardian will be contacted. There will be a **\$15** charge if the driver has to return to the school for the student. Parent should make sure the Teacher(s) is aware that the child is in the Afterschool Program and must be dismissed at the required time from the school.

**NOTE:** Continuous disruption and misconduct of any student will result in disciplinary action and/or dismissal from the program at the discretion of Mr. Young and/or staff. Also, this program operates under the Fulton County School System School Calendar. Inquire at the Front Office to find out if there will be a Summer Camp.

(Please keep in a safe place for easy reference. 404-763-8939)

## WORLD CHAMPION TONY YOUNG ALL-STAR KARATE ACADEMY

6703 Shannon Parkway, Suite 6 Union City, Georgia 30291 404-763-8939 ~ <u>www.tonyyoungkarate.com</u>

## AFTERSCHOOL KARATE PROGRAM APPLICATION

Child's Name:		Age:		
Address:				
City	State			
Birthdate:				
Grade: Male/Female	New Student / New	from Camp / Returned Student		
Parent(s) Name: (PRINT)				
Telephone Numbers:				
Email Address:				
Emergency Name & Number:				
2024-2025 School Year: Payment	is Due each Friday for the uj	pcoming week of pickup.		
New Students: Activity Fee: \$145	.00 / New Students from Ca	mp–Registration Fee: \$75.00		

Returned Students from last year: Registration Fee: \$65.00

#### WEEKLY FEE = (3-5 Days)

\$79.00 for 1 Child \$135.00 for 2 Children \$190.00 for 3 Children \$245.00 for 4 children

**NOTE:** There is a \$15.00 Late Fee charged for any payment made after Friday unless special arrangements have been made in advance. (Please include with your payment.) Student(s) will not be picked up if Fee is not paid by Wednesday. A reinstatement fee may be required to continue in the Karate Program. Check at the Front Office.

By **Signing this Application** you agree to make the required payments as stated above and understand that this is a legally binding document. Failure to pay will result in your child being dropped from the program and your account turned over to a collection agency.

#### PERMISSION FOR SCHOOL PICKUP

School Name:			
School Address:			
Teacher's Name:			
School Phone Nu	umber (s):		
Parent's Contact	Number(s)		
Pick Up Time fro	om School and Latest Time fo	r Pick Up:	
First Day of Pick	up:		
Parent's Signatur	re	Date	
		<u>n Allergies</u> (List)	_
-		Restrictions (List)	_
	Any Behavio	<b>ral Disorders</b> (List)	_
-	Any Prescribed M	ledications Taken (List)	

Tony Young All Star Karate Academy – 6703 Shannon Pkway – Suite 6 – Union City, GA 30291

# Authorized Persons for Pickup (Name & Number) PRINT

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## WORLD CHAMPION TONY YOUNG ALL STAR KARATE ACADEMY

#### PARENTS OR GUARDIANS RELEASE AND INDEMNITY AGREEMENT FOR A MINOR CHILD TO PARTICIPATE IN THE TONY YOUNG ALL-STAR KARATE CLASSES

I/We, the undersigned, consent for my/our minor child

Name of Child (Please Print) to participate in Karate classes taught by Mr. Tony Young or Tony Young All-Star Enterprises, Inc., Staff.

I/We do hereby release, acquit and discharge Mr. Tony Young and Tony Young All-Star Enterprises, agents and employees from any and all claims and demands, actions and causes of action, damages, costs, loss of services, expenses and compensation, on account of or in any way occurring out of any personal injuries suffered by my/our minor child and damage resulting from my/our minor child's participation in Karate or Karate-related activities.

I/We further promise to bind myself-ourselves jointly and severally, my/our heirs, administrators, and executors, to repay Tony Young All-Star Enterprises, Inc., its agents and employees, any and all sums of money that Tony Young All-Star Enterprises, Inc., its agents and employees may be compelled to pay to or on behalf of said minor child because of any personal injuries suffered while participating in said Karate and Karate related activities.

DATE:\_\_\_\_\_

PARENT/GUARDIAN'S NAME \_\_\_\_\_

PARENT/GUARDIAN'S ADDRESS: \_\_\_\_\_

City

State

ZIP

TELEPHONENUMBERS: \_\_\_\_\_

EMERGENCY CONTACT & NUMBER: \_\_\_\_\_

SIGNATURE:\_\_\_\_\_