

## Aikido of South Florida Scholastic Program Registration Form

SPACE IS LIMITED. There is a one time Registration fee accessed of \$30.00 per child-\$50.00 for 2 more children. Fees Include a uniform.

After School Program weekly dues\$200.00Holidays & Teacher Planning days\$75.00/ dayAdditional tuition discount for siblings(\$25.00)

## All payments are due prior to student attending our Program.

Child's Full Name:						
DOB: D/M/Y			Age:	Grade:		
School child attends:				_		
Name of Mother:		Fath	ner:			
Address:		City :		State:Zip:		
Mother's Phone number:	: Father's Phone number:					
Best Email contact:						
Who does your child live with Important Information we ne	ed, or should kn	ow about your child:		CustodyOther		
Allergies/Medications: Are there days in which your						
Day/s	Time:	Reason:				
Day/s	Time:	Reason:				
Parent or Guardian			Date/			



## Aikido of South Florida Scholastic Program Late fees and Pick-up

We understand and empathize with the working parent/s. Therefore, as a courtesy, our facility is open for your children from 8:00 pm until 6:30pm, without additional charges. However, if by 6:30 you have not picked up your child, there will be an additional \$25.00 that will be assessed and due upon picking your child up or by the next day of service.

Weekly dues must be paid every Friday prior to the week of attendance. Payment can be arranged to be auto debited for your convenience to ensure no late fee will be incurred. However, please be sure to update your credit card before expiration or a late fee of \$50.00 will be incurred.

Your child will not be permitted to attend our after school program until these outstanding fees are satisfied: Insufficient funds, overdraft on bank or credit cards, events will not excluded from being assessed a late payment of \$50. We reserve all rights to terminate your child from our program after the third offense.

I understand and agree to the Late Pick up Policy.

Parent or Guardian

Date

Parent or Guardian

Date

I hereby acknowledge that I have completed this form and give permission for my child to fully participate in any and all activities associated with Aikido of South Florida and it's After School Program as they are one in the same. This includes but is not limited to the physical and mental demands of Aikido martial art classes, Yoga and Meditation. We agree to comply with all the rules and teaching techniques, reprimands and penalties involved in instilling discipline and order. I agree to the financial obligation and terms of payment and the late charges incurred for late payment. I understand that if these terms are abused it will be grounds for termination from the program. Any balances remaining will be forwarded to a collection agency and subsequent charges incurred by the agency and will be added to the outstanding balances.

Parent or Guardian	Date	
Parent or Guardian	Date	

All photographs and video taken will be property of Aikido of South Florida and may be used for advertisement in our website, local publications, school promotions and newspapers, or how we lawfully decide to advertise Aikido of South Florida.

Parent or Guardian

Date

Parent or Guardian

Date



## Aikido of South Florida Scholastic Program Payment Information





I authorize the Weekly Tuition of \$200.00 will be auto-debited every Friday.

I authorize the Weekly Tuition of \$375.00 will be auto-debited every Friday.

Credit Card	□Visa	□ Mastercard			
I hereby authoriz	ze Aikido of	South Florida, to charge my tu	ition directly to the credi	it card listed below:	
Name on credit o	ard (exactly a	s printed)			
Billing Address for credit card		City, State	e, Zip		
Credit Card Num	ber		CVV Num	nber	Expiration Date
Signature			Date		
		n full force and effect until Con I in such manner as to afford (			