



TITAN TAEKWONDO ACADEMY

AFTER SCHOOL PROGRAM

The TTA afterschool program is an after- school transportation service geared to help parents and guardians in the mentoring stages of their children's development. Our aim is to provide a fun and safe environment for your child to experience personal growth, social development, and prosperity, while learning Martial Arts. Our staff is committed to partnering with parents to promote proficient academic achievement, as well as self- confidence, which will deter unwarranted bullying by peers. With enrollment into the TTA after school program, as a parent, you can be assured that your child will reside in a healthy environment, which reinforces positive behaviors and life skills.

\$ 110 Week (Early Bird \$80 Week)

HALF – DAY PICK UP ADDS ADDITIONAL \$25 FOR THAT WEEK

After successful enrollment into the TTA Asp program, all parents/guardians are subject to the following terms and conditions:

1. Minimum requirement of 3 days to a maximum of 5 days to participate.
2. The weekly cost of the ASP Program will be \$80 weekly for early bird and \$110.00 weekly for regular rate. All payments are made on the 1st and 15th of every month EFT only.

3. IF THE SCHOOL YEAR'S TUITION PLUS REGISTRATION HASN'T BEEN PAID IN FULL UPON ENROLLMENT, THE PAYMENTS WILL BE SCHEDULED AS FOLLOWED :

A.) \$220 ON THE 1ST OF THE MONTH , EARLY BIRD \$160

4. B.) \$220 ON THE 15TH OF THE MONTH, EARLY BIRD \$160

5. If parent or guardian decides to pick up on an ASP pick up day, payment is still required for that day.
6. No payment is required if child is sick (requires doctor's note), inclement weather, or death in the family. (No other exceptions)!
7. If child is absent from school and TTA is not called to inform us at least **3 hours** before pickup, payment is still required and there will be a **non – communication pick up fee of \$20.00** added to your account that day.
8. TTA staff will provide help with homework.

9. All ASP participants are expected to take the Martial Arts class for the day. We will offer the 1st dobok (uniform) at a discounted price of \$20.00. Eventually sparring gear will be required for class and must be purchased via TTA.
10. If you happen to be running late do to traffic to pick up your child, please call to give TTA a notice, as other classes will be in session.
11. All ASP participants must adhere to TTA code of conduct. Any severe behavior problems or breaches of the code of conduct will result in the immediate expulsion of the student participant from the ASP after school program. **(with money already paid non-refundable)**
12. If parent wishes to discontinue TTA ASP services, written notice, with just cause stated, must be submitted no less than 30 days prior to termination.

Once enrolled in the TTA ASP program, watch your child's confidence increase while building both mental health and physical fitness. Martial Arts will increase academic competence and concentration, thus enhancing overall character development, especially in today's youth. " Invest in your kid's future"! Enroll Today! Space is limited.

TITAN TAEKWONDO ACADEMY : Emergency Contact and Medical Information for a Child

M F

Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

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Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

I give permission for my child to go on field trips. I release [Organization] and individuals from liability in case of accident during activities related to [Organization], as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Witness Signature

Date



AFTER SCHOOL PROGRAM REGISTRATION FORM



I, _____ GIVE PERMISSION TO TITAN TKD ACADEMY
LOCATED AT 7690 BELAIR ROAD, NOTTINGHAM MD 21236, TO PICK UP MY
SON(S) OR DAUGHTER(S) FROM HIS OR HER SCHOOL TO ATTEND THE AFTER
SCHOOL PROGRAM.

PARENT'S AND STUDENT'S INFORMATION:

PARENT OR GUARDIANS NAME: _____

TELEPHONE NUMBER: _____

EMERGENCY CONTACT: _____

STUDENT'S NAME: _____

STUDENT'S AGE: _____

STUDENT'S GRADE: _____

ALLERGIES (ETC.): _____

SCHOOL INFORMATION:

SCHOOL NAME: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE: _____

INJURY WAIVER FORM

I, _____ RECOGNIZE THE POSSIBILITY OF SERIOUS INJURY, WHICH MAY OCCUR WHILE
STUDYING MARTIAL ARTS AT TTA AND UNDERSTAND THE RISK I TAKE WHEN I ELECT TO TRAIN. THEREFORE, I WITH
THE SIGNING OF THIS INJURY WAIVER FORM HEREBY CHOOSE TO WAIVE ALL RIGHTS AND CLAIMS TO LIABILITY
AND DAMAGES AGAINST TTA AND IT'S INSTRUCTORS, AND IT'S LANDLORD IN THE EVENT OF AN ACCIDENT OR
INJURY.

PARENT OR GUARDIAN'S SIGNATURE: _____ DATE: _____

***PLEASE RETURN A COPY OF THIS SHEET TO YOUR CHILD'S SCHOOL! -THANK YOU**



TITAN TAEKWONDO ACADEMY

AFTER SCHOOL PROGRAM PAYMENT SCHEDULE

As a way to avoid any further miscommunication on the ASP tuition schedule and make timely payments easier, all payments are EFT. Please complete the following information and return it to TITAN TKD ACADEMY.

Credit Card Authorization Form

I hereby give permission for TTA, or their representing agent, permission to deduct _____ (INITIAL)_____ for ASP monthly or bi-weekly payments using the following method: M/C, Visa, D/C,A/M. (circle one).

Contracted Term: FULL SCHOOL YEAR

- CANCELLATION/ DEFAULT OF CONTRACTED TERM WARRANTS acceleration of the contract, in at which time the entire balance of the contracted term is due . Weeks of Christmas and spring break will be credited towards holiday camp.

Name on the card _____ Card number _____

Exp. Date _____ CCV# _____ Authorized Signature _____

Billing Address _____ Date _____

Social Security # _____ License # _____

Parent/Guardian please read and initial the following:

_____ I understand that late or unpaid balances will be charged a \$20 late payment fee. _____ I understand that all late or unpaid account balances must be paid by the next payment date.

_____ I understand that EFT accounts with accounts with non-sufficient funds are subject to a \$25.00 non-sufficient fund fee and a \$25.00 late payment fee and will be automatically added to the EFT account balance. The unpaid account balance and all late fees must be paid in full by the end of the current pay period, or my child may not attend the program.

You have the right to cancel this contract within three business days after receipt of a copy of this contract. Cancellation must be in writing, and delivered either in person or by certified or registered mail. If you cancel under this section, you are entitled to a full refund.

I verify that I have read and agree to this tuition agreement, and it works in concert, and does not eliminate the terms of the original agreement for which I agreed to at the initial signing on to the TITAN TKD ACADEMY After School Program.

PARENT/GUARDIAN SIGNATURE

DATE