

# GMA AFTER SCHOOL PROGRAM - PICK UP 2023-24

## APPLICATION / STUDENT AGREEMENT

PARENT'S NAME: \_\_\_\_\_ / \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

EMERGENCY#: \_\_\_\_\_ EMERGENCY# 2: \_\_\_\_\_

WHO IS PERMITTED TO PICKUP YOUR CHILD: \_\_\_\_\_

NAMES: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ DOB. \_\_\_\_\_ AGE \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ TEL: \_\_\_\_\_

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ALLERGIES OR HEALTH ISSUES. \_\_\_\_\_

**PLEASE ATTACH A COPY OF YOUR CHILDS INSURANCE CARD:**

GMA AFTER SCHOOL SESSION (FALL SEMESTER) (SPRING SEMESTER)

**FIRST WEEK TUITION REQUIRED TO HOLD SPOT - NON REFUNDABLE DEPOSIT:**

(Daily Pick -Up - Daily Snacks - Martial Arts Classes)

**\$100.00 Per Week Until 5:30pm**

**\$125.00 Per Week Extended Time Until 6:30p**

**( \$30 Weekly Maintenance Fee Spring Break, Fall Break, Summer Breaks)**

**(You must also fill out a separate TaeKwondo Agreement / Rules Sheet / Health Sheet to start the program)**

**# OF SCHOOL WEEKS \_\_\_\_\_ \$100 RT / \$125 ET**

**WEEKLY = \$ \_\_\_\_\_ (SEMESTER TOTAL) \$ \_\_\_\_\_**

(FALL SCHOOL DATES) START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(SPRING SCHOOL DATES) START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ END DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

**"MONEY ORDER, CASH OR CREDIT CARD ONLY"**

CC # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ EXP: \_\_\_\_\_ CODE \_\_\_\_\_

CARD BILLING ZIP CODE: \_\_\_\_\_ MC VISA DISC

**BY SIGNING BELOW:** I GIVE PERMISSION TO CHARGE MY CARD THE ABOVE LISTED TOTAL DEPOSIT AMOUNT FOR THE FALL SEMESTER. I UNDERSTAND DO TO LIMITED SPACE **THERE ARE "NO REFUND"** ON ANY SESSIONS OR MISSED CAMP DAYS. YOU WILL NEED TO ALSO FILL-OUT THE AFTER SCHOOL AGREEMENT, MARTIAL ART AGREEMENT AND HEALTH WAIVER BEFORE THE START OF THE SEMESTER: **PLEASE NOTE MARTIAL ART MEMBERS HAVE FIRST PRIORITY.** I ALSO UNDERSTAND YOU MUST GIVE A FULL 30 DAY CANCELTION NOTICE TO CANCEL - YOU WILL BE RESPONSIBLE FOR ALL TUITION UP TO THE DAY OF CANCELTION AND YOU ARE RESPONSIBLE FOR ALL TUITION FEES AND ANY REQUIRED CANCELTION FEES TO CANCEL THIS AGREEMENT TO AVOID COLLECTION ACTIONS AND ADDD FEES.

Parent / Guardian Signature: \_\_\_\_\_