



## Fall Enrollment Information

AJK's would like to welcome you to our After School TKD program. We look forward to starting our 19<sup>th</sup> year at Carden Hall. Students are welcome to attend one, two, or unlimited days per week!

AJK's operates from 3 p.m. to 4:45 p.m. Monday, Tuesday, and Thursday. Students will need to be picked up by the Pre-K entrance gate before 5:00 p.m. or they will be signed into Extended Care.

Students who attend the TKD program will circle the Carden Hall lot with their homeroom class and then wait in Late Zone by room 15 where Mr. Kinowski will be waiting to greet the students.

Please pack your child a snack and water.

You may makeup classes due to illness or injuries at no additional charge, and AJK's conducts classes on rainy days.

Prepaid tuition packages are nonrefundable. In some cases a credit may be issued.

AJK's requests that all memberships be canceled with a 30-day written notice to AJK TKD. This includes "sabbaticals" due to other extracurricular activities. Any membership not canceled in this manner will continue to accrue tuition charges until appropriate notice has been received.

Tae Kwon Do classes will begin Monday, September 9<sup>th</sup>. Should you have any questions, please contact Kirsten Kinowski at 949-394-0410 or email her at [kkrewe@icloud.com](mailto:kkrewe@icloud.com).

To enroll, please complete the attached AJK's Program Pricing and Contact Information forms.

Thank you.



## Program Pricing

To guarantee enrollment complete and return the Program Pricing and Contact forms to the Carden Hall Student Office attention Mr. Kinowski by **Friday, September 6<sup>th</sup>, 2024**.

Please check all that apply.

### Regular Class

1 regular class per week:	\$115 per month	_____
2 regular classes per week:	\$170 per month	_____
Single class:	\$30	_____
<p>Note: <i>AJK's offers a 10% discount off any of the above prices for your second child enrolled in the program and a 15% discount for the third child enrolled.</i></p>		

### Package

Unlimited classes	\$200 per month	_____
4 months' tuition (1x per week)	\$350	_____
4 months' tuition (2x per week)	\$510	_____
<p>Note: <i>We shall not offer a sibling discount on the above packages as they are already discounted.</i></p>		

**New Student Enrollment Registration Fee: \$90** \_\_\_\_\_  
**(Includes uniform and belt)**

**Total enclosed: \$** \_\_\_\_\_

Please make checks payable to AJK TKD. If you would like to pay with a credit card please enter your credit card information below. Be sure to include the name associated with the card provided. *Your email will act as your receipt.*



Exp. Date \_\_\_ / \_\_\_  
 CVC code: \_\_\_-\_\_\_-\_\_\_ Amex code: \_\_\_-\_\_\_-\_\_\_ Billing zip code: \_\_\_\_\_

Please complete the reverse side.



**Contact Information**

**2024**

**STUDENT INFORMATION**

(Please print.)

Last name	First name	D.O.B.	Age
Address		City	Zip
Home Phone (    )	Cell Phone (    )		
Work Phone (    )	Email		

**IN CASE OF EMERGENCY**

Primary contact information (name and phone number)  (    )
Secondary contact information (name and phone number)  (    )
Doctor's name and phone number  (    )
Special medical problems and/or medications

**RELEASE AND ACKNOWLEDGEMENT OF RISK**

1. I expressly agree and promise to accept and assume that all of the risks existing in this activity are purely voluntary, and I elect to register the participant in spite of any risk.
2. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless AJK TKD from any and all claims, demands, or causes of action which are in any way connected with the registered participant in this activity or his/her use of AJK's equipment or facilities, including any such claims which allege negligent acts or omissions of AJK TKD.

Please complete the reverse side.



3. I certify that I have adequate insurance to cover any injury or damage that the registered applicant may cause or suffer while participating, or else I agree to bear the cost of such injury or damage myself. I further certify that the registered applicant has no medical or physical conditions, which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created directly or indirectly by any such condition.
  
4. All claims and disputes arising under or relating to this Agreement are to be settled by binding arbitration in the State of California or another location mutually agreeable to the parties. An award of arbitration may be confirmed in a court of competent jurisdiction.

By signing this document, I acknowledge that if anyone is hurt or any property is damaged during participation in this program, I may be found by a court of law to have waived my rights to pursue a lawsuit against AJK TKD and/or any of its employees or contractors. I have had sufficient opportunity to read and understand this entire document, and I agree to be bound by its terms.

Parent or Guardian Name (Print) \_\_\_\_\_

Parent or Guardian (Signature) \_\_\_\_\_ Date \_\_\_\_\_