

Dear Parents and Guardians,

Welcome to the 22nd year of the AJK After School TKD program at Carden Hall! We are excited to welcome students in kindergarten and above for the upcoming fall semester. Tae Kwon Do classes will officially begin on Monday, September 14th.

Schedule and Class Options

Students can attend one, two, or unlimited days per week on Monday, Tuesday, Thursday, and special event days from 3:00 PM to 4:45 PM. We have added additional classes this year, which operate from 4:45 p.m. to 5:30 p.m. on Mondays, Tuesdays, and Thursdays. Please refer to our Google Calendar for all classes at AJKTKD.com. Please note the following details regarding student arrival and pickup:

*Arrival: Students will circle the Carden Hall lot with their homeroom class and then wait in the Late Zone by Room 15, where Mr. Kinowski will meet them.

*Pickup: Students must be picked up at the Pre-K entrance gate before 5:00 p.m. Any students remaining after this time will be signed into Extended Care.

*BBD and AT Classes: Offered Mondays, Tuesdays, or Thursdays after Study Hall from 4:45 p.m. to 5:30 p.m. Students may change in the 1st and 2nd grade restrooms and report to the Eagle's Nest. Please refer to the Google Doc calendar for the full September through November schedule.

Advanced Training Opportunities

*Black Belt Development (BBD): Designed for athletes with a rank of red belt or higher to prepare for black belt testing and beyond. These athletes may come directly from study hall.

*Advanced Training (AT): For recommended black belts or higher. These athletes may come directly from study hall to participate in the all-belt class, allowing them to further their training and develop leadership skills by mentoring emerging color belts.

Important Policies and Reminders

*Please pack a snack and water for your child each day.

*Classes are conducted on rainy days. Makeup classes, due to illness or injury, are available at no additional charge.

*Prepaid tuition packages are nonrefundable, though credits may be issued in some cases.

*Membership cancellations, including temporary sabbaticals for other extracurricular activities, require a 30-day written notice to AJK TKD. Tuition will continue to accrue until proper notice is received.



Enrollment

To enroll your child, please complete and return the attached AJK Program Pricing and Contact Information forms. (Note: If you were previously enrolled, please mark the desired Program Pricing, sign, date, and return the form.)

For any questions, please contact Kirsten Kinowski at 949-394-0410 or kkrewe@icloud.com.

Thank you,

Adam Kinowski
Master Instructor



Program Pricing

To ensure enrollment, complete and return the Program Pricing and Contact forms to the Carden Hall Student Office, attention Mr. Kinowski by **Friday, September 11th, 2026**.

Please check all that apply.

Regular Class

1 regular class per week: (Includes any special event day)	\$125 per month	_____
2 regular classes per week: (Includes any special event day)	\$185 per month	_____
BBD and/or AT (Includes all colored belt classes and any special event day)	\$55 per class	_____
Single class:	\$40	_____

Note: 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.

Package Plans

Unlimited classes	\$225 per month	_____
BBD, AT, and colored belt class	\$200 per month	_____
4 months' tuition (1x per week)	\$365	_____
4 months' tuition (2x per week)	\$545	_____

Note: All packages include any special event day. We shall not offer a sibling discount on the above packages as they are already discounted.

New Student Enrollment Registration Fee: \$100 _____
(Includes uniform, belt, and first belt exam fee)

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

(Note: If you were previously enrolled, you do not need to fill out this information unless you need to update your contact details.)

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 _____

