USA TAEKWONDO CENTER
6251 COMMERCE PARK DR, FT.MYERS FL 33966
Ph # 239-561-9470, e-mail usataekwondocenter@comcast.net
DAY CAMP AGREEMENT

Date _____ School _____

1st Child / Name _____ (F / M), DOB _____ Age _____
2nd Child/ Name _____ (F / M), DOB _____ Age _____
3rd Child/ Name _____ (F / M), DOB _____ Age _____
Home address _____ Apt # _____
State _____ Zip Code _____ Home Ph # _____
I give permission for my child to watch PG Movies. Please initial _____.
How did you hear about us _____.
Mother's Name _____ Employment _____
Work Ph # _____ Cel # _____ E-mail _____
Father's Name _____ Employment _____
Work Ph # _____ Cel # _____ E-mail _____
If you are not a Parent and have a temporary or full custody of the above mentioned child/children, please fill out the following information and bring in a copy of the Court Documents.
Guardian Full Name _____ Employment _____
Work Ph # _____ Cel # _____ E-mail _____
Emergency contacts that may pick up my child from the Program:
Names & ph # _____
Does your child have any allergies, or require any medications?_____
Does your child have any medical conditions which may preclude or limit him/her to engage in physical activities including taekwondo?_____
Please initial weeks attending . With your initials you authorize Usa Taekwondo Center to charge your account below for the amount specified for that week. All services are prepaid and payment is due in advance by Friday for the upcoming week. There will be Five dollar ($5.00) late payment charge if payment is made after attendance.. **Please initial**

Full day	7.30am - 6pm	$190 a week	_____
Half Day	7.30am - 3pm	$170 a week	_____
Daily rate	7.30am - 6pm	$60 a day	_____

6/1-6/5	6/8-6/12	6/15-6/19	6/22-6/26	6/29-7/3	7/6-7/10	7/13-7/17	7/20-7/24	7/27-7/31	8/3-8/7
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

First week payment required at time of registration.

CREDIT CARD AUTHORIZATION

I, Authorize USA Taekwondo Center, to withdraw from the information furnished below

Visa / Mc _____ Exp _____ CVV _____

Name on card _____

There is NO morning snack time. Your child must be picked up by above initialed time every day. After that time a late fee of $2 a minute will be charged to your account. **Initial** ____. Please send lunch each day and it must be in lunch box. No paper or plastic bags. Weekly or daily dues must be paid by one account. Credit Card information required on file. Late fees: $5 a day, **Initial**_____. 30 day written notice required to change or cancel dates. After 30 days NO refund. Field trips are extra charge.
I have read and understand the Usa Taekwondo Center rules

Parent / Guardian Signature: _____ Print Name _____ Date_____