

- NEW
 RENEWAL

AFTER SCHOOL PROGRAM
ENROLLMENT AGREEMENT

Office Use Only:
 Pick up or Drop off
 School _____

School Name: Dojoku Martial Arts
School Address: 36-A Rosscraggon Rd.

Phone: (828) 681- 5023
S. Asheville, NC 28803

MEMBER (BUYER) INFORMATION

Buyer: _____
 First Last Relationship to Child

Address: _____ City: _____ State: _____ Zip: _____

Home: (____) _____ Work: (____) _____ Ext: _____ Cell : (____) _____

Email Address: _____

Spouse _____ Cell: _____ Work _____

Emergency Contact: _____
 Name Address Phone Number

Member 1: _____ (M / F) DOB ____/____/____ Member 2: _____ (M / F) DOB ____/____/____

Place of Birth: _____ Place of Birth: _____

Member 3: _____ (M / F) DOB ____/____/____ Member 4: _____ (M / F) DOB ____/____/____

Place of Birth: _____ Place of Birth: _____

Please list any and all persons YOU authorize to pick up your child on the back of this Sheet. (First, Last Name and Phone #)

MEMBER'S (BUYER'S) RIGHT TO CANCEL

If you wish to cancel this agreement, you may cancel by delivering or mailing by certified mail, return receipt requested, written notice to the School. The notice must say that you do not wish to be bound by the agreement and must be delivered or mailed before 12 midnight of the third business day after you sign and receive a copy of this agreement. The notice must be delivered or mailed to the School at the address shown. If you cancel, any deposits, down payment or initial fees are non refundable.

METHOD OF PAYMENT

**Program Rates \$70 Per Week(5 Days) or \$15 Per Day(1-4 Days), 2 Children \$125, 3 children \$175.
 One Time Registration Fee \$40 or \$75 per Family Plus \$15 for Uniform per Child.**

In House Billing: Cash / Check # _____

Credit Card _____ **Visa** **MC** **Discover** **Debit**
 CREDIT CARD NUMBER EXP (MM/YY) (There is a 2% Fee for Credit Cards/ No Fee for Debit Cards)

Initial Payment	\$ _____	Payment Amount: _____ First Payment Due: ____/____/____ Membership Begins: ____/____/____ Membership Ends: ____/____/____	Program Description: AFTER SCHOOL PROGRAM A late fee of \$10 per day will be due for any payment past due. Billing Frequency: <input type="text"/>
One Time Registration Fee	+ \$ _____		
Uniform Fee (Child Gi \$15)	+ \$ _____		
Tax 6.75% (\$1.01 Per Gi)	+ \$ _____		
Total Paid	= _____		

I have read this agreement and understand that once it is signed by me it is a legally binding and enforceable obligation and I agree to comply with all the provisions, terms and conditions of this agreement set forth. I acknowledge I have received a copy of this agreement and have reviewed the programs terms and conditions. By signing below, I agree to put my child(ren) into the after school martial arts program as described above.

STAFF MEMBER _____ Date: _____

ACCEPTED: SCHOOL (signature) _____ Title: **Owner/Chief Instructor** Date: _____
 Soke Raymond L. Cagle II

BUYER / MEMBER (signature) _____ Date: _____