



**WHITE TIGER AND DRAGON AFTER SCHOOL
ENROLLMENT FORM**
(Please Print)

ENROLLMENT DATE: _____

STUDENT INFORMATION

STUDENT NAME: _____ DATE OF BIRTH: _____

SCHOOL NAME: _____ START DATE: _____ CURRENT GRADE LEVEL: _____

PARENT/GUARDIAN INFORMATION

NAME: _____ PHONE NO.: _____ BEST EMAIL: _____

NAME: _____ PHONE NO.: _____ HOME ADD: _____

MEDICAL INFORMATION

FAMILY PHYSICIAN: _____ BEST CONTACT INFO: _____ ALLERGIES OR MEDICAL ALERTS, PLEASE LIST: _____

IN CASE OF EMERGENCY

NAME OR LIST AUTHORIZED FRIEND AND/OR GUARDIAN _____ RELATIONSHIP TO CHILD: _____ HOME PHONE: () _____ WORK/CELL PHONE: () _____

PROGRAM BENEFITS	LOW	AVG	HIGH
Confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listening skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fitness level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WE BUILD CONFIDENCE & CHARACTER.
"Get strong. Be strong. Stay strong." is the principal motto we stand by here at White Tiger & Dragon Martial Arts.



Payment method: CASH CHARGE CHECK

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CVV: _____ | Other Payment: _____

NEW STUDENT RETURNING STUDENT

REGISTRATION FEE: \$50 _____

FIRST MONTH PAYMENT: \$ _____

WEEKLY/MONTHLY TUITION: \$ _____