



CHARLES JUNE Karate Institute

650 E Fire Tower Rd (252) 7KARATE
Winterville, NC 28590 (252) 752-7283

2026/27 After-School Student Enrollment Information

_____	____/____/____	_____	_____
Student 1	Date of Birth	Grade	School
_____	____/____/____	_____	_____
Student 2	Date of Birth	Grade	School
_____	____/____/____	_____	_____
Student 3	Date of Birth	Grade	School

Payment Option

- After School weekly (\$95/week)**
(After School Includes daily pickup, snack, homework help, karate class, early release and teacher workdays)
- After School monthly (\$360/month)**
- Year Round weekly (\$110/week)**
Only available during signup months of Aug/Sept (Includes after school plus the following summer camp with no change in rate)
- Year Round monthly (\$425/month)**
- Additional Siblings - Discount \$10/wk or \$50/mo**
- Automated Billing - Subtract \$5/wk or \$20/mo**

Total payment:

Parent/Guardian Information

_____	_____	_____
Parent/Guardian Name #1	Address	
(____)____-____(H/M/W)	(____)____-____(H/M/W)	_____
Preferred Phone	Secondary Phone	Preferred Email

_____	_____	_____
Parent/Guardian Name #2	Address	
(____)____-____(H/M/W)	(____)____-____(H/M/W)	_____
Preferred Phone	Secondary Phone	Preferred Email

_____ (____)____-____ (____)____-____
Other Emergency Contact Person and phone numbers

Approved Pick-Up List

If anyone other than the parent/guardian listed above will be picking up your child, please list the full name of each individual with full permission to pick up your child.

Name: _____ Name: _____

Name: _____ Name: _____

Those individuals named above will need a picture id in order to pick up your child.

Additional Information About Your Child

-Food or Drug Allergies: _____

-Please list any medications your child is taking. This information will only be used in case of an emergency, to better assist health care providers. _____

If your child has medication to be administered by our staff, it must be in the pharmacy-labeled container with the instructions clearly printed.

-List any special needs or dietary restrictions: _____

-Please provide any information you feel would be helpful in teaching and working with your child (how your child best learns, communication techniques, how to best work with your child in dealing with behaviors, what you feel encourages your child the most, what situations make your child uncomfortable or activities we should avoid, strengths etc.) _____

Permission for Emergency Care

I hereby give my consent to Charles June Karate to call 911 in the event of an emergency and I hereby give my consent to any emergency facility or physician to administer necessary treatment to my child in the event of an emergency. I give my consent to transport by ambulance as/if the situation warrants.

Signature

Date

Terms and Conditions

_____**Pickup:** Pickup is by 6pm or the end of the student’s class each day. Late pickup will be billed \$10 per child for each 15 minutes late.

_____**Payments:** We accept Cash, Check, or Visa/MC/Discover. Payments can be made through Automated Billing or paid at the school. Monthly payments are due on the first of the month. Weekly payments are due on Monday of each week. **The first week’s payment should be included when registration is submitted. Payments that are more than 1 month overdue will result in your child(ren) being dropped from our program.**

_____**Waiver:** I am aware that students will engage in physical exercise and use of training equipment. Training and instruction can cause injuries and I assume all risk of injuries which may result. I hereby waive and release any claim or right to sue Charles June Karate, its instructors or staff for student injuries or illness. I also understand and agree that Charles June Karate is not responsible or liable for any loss, damage or theft of any property belonging to me or student even if the loss, damage or theft occurs on or around the Charles June Karate property.

_____**Behavior:** Charles June Karate must operate in a safe and positive manner for all students. Your child may be dismissed from the program if they display aggressive behavior toward other students or defiant or aggressive behavior toward staff members.

_____**Photo Release:** Photographs may be taken of students to be used in publications including the Charles June Karate website. I hereby consent and release Charles June Karate from any expectation of confidentiality for the student(s) identified on page 1. If the student(s) identified is a minor, I further attest that I am the student’s parent or legal guardian.

_____**Additional Terms:** You are registering your child(ren) for the 2026-2027 school year for After School or After School plus Summer Camp as indicated in the Enrollment Information section. You are responsible for payment for each week/month regardless of your child’s attendance. Refunds/credits/discounts are not available due to changing plans, withdrawal, or suspension in service. Withdrawing your child requires a written notice. Charles June Karate will provide after school/summer camp services including Martial Arts classes during normal after school/summer camp operating hours. Additional Martial Arts classes may be available at other times and all class schedules are subject to change without notice.

Print Name

Signature

Date