

## Byung Lee's King Tiger Tae Kwon Do

#### Virtual Learning Academy Camp and After School Care

# Virtual Learning Academy Camp



- 9:30 AM -11:30 Noon **Virtual Learning Academy**
- 12:00 Noon Lunch Time
- 1:00-2:00 PM **After School Pick Up**

## After School Pick U

We are using a fog machine to disinfecting vehicles with EPA approved child safe chemical disinfector.



**Driver Safety** Check

2. Disinfecting a vehicle before and after pick up from school with CDC recommended and EPA approved child safe chemical disinfector.



Child safety check: Face mask & body temperature



ing vehicle



Sanitize before enter- All children must sit at a designated seat.



Exit with a social distance



Child safety check: Face mask & body temperature before entering a building



Sanitize before entering facility.

9. Taekwondo class without uniform; We are trying to minimize traffic to changing rooms.



During the childcare facemask, required whole time.

\*\*\* Keep distance as much as the room allows. Minimize moving inside of the vehicle.







We are using a fog machine to disinfecting vehicles with EPA approved child safe chemical disinfector.

7:30 AM Open 9:00-11:45 AM Virtual Learning Academy 12:00 Lunch

1:00 -2:00 **ASP Pick Up** 2:30-4:00 PM **TKD Class** 4:00 PM **Snack & Drinks** 

4:30-5:00 PM Quiet time (Homework) 6:00 PM Close

### Please respect the following rules:

By entering the Dojang you are verifying that you do not have a fever, cough, or any other related symptoms of COIVD-19.

Please Wait to Enter! An Instructor will assist you with:

- Face Mask - Temperature Check - Sanitizer - Check In

We are limiting personal items a child may bring to 4 articles (no bags filled with toys).

No Uniform until further notice.

Wearing socks in class is optional.

Please provide your own water.

Students must wear masks.

Students are encouraged to wash/sanitize hands before and after activity.

Please be aware that during the hours your child attends, there may be some inconsistencies with distancing or body contact during play time. We will encourage them to keep correct social distance as much as possible.

If your child shows flu-like symptoms or any symptoms related to COVID 19, you as parent or guardian are required to pick your child up within 30 minutes.



Byung Lee's Tae Kwon Do King Tiger Academy, Inc 120 East Fire Tower Rd. Winterville, NC 28590 Tel. (252) 355-3033 www.kingtigertkdgreenville.com

## After School Care Special Operation Program Rate Info.

- King Tiger After School Pick Up and
  Virtual Learning Academy (All Day) Combination Program
  \$ 250.00 for two weeks
- King Tiger After School Pick Up Program Only (2:30-6:00 PM)
  - <u>\$ 99.00</u> per week
- King Tiger Virtual Learning Academy (All Day Care Program Only)
  (7:30 AM 6:00 PM)
  - **\$169.00** per week
- Daily rate for All Day Child Care
  \$45.00 per day
- Daily rate for After School Pick Up Service
  \$30.00 per day
- Tae Kwon Do member discount <u>15 % Off</u>
- School Year Member, keep the same rate as long as holding current membership.
- Year-round Member, keep the same rate as long as holding current membership.
- \* If your membership expired (School year or Year-Round member), we give them for current TKD member discount rate.

#### Welcome:

We would like to welcome all after school participants. Enclosed you will find your account statement, tentative class schedule, insurance and medical forms along with several other important forms. Please fill out these forms and return them before 8/13. (If you did not register and paid by that day you will be charged \$30.00 Application Fee.)

#### **Mission Statement:**

The Mission of our after school/virtual learning academy camp is to provide quality care for every child in a safe, nurturing, educational, and fun environment through appropriate games, crafts, sports, activities, field trips and martial arts activities.

#### **Belief Statements:**

- -We believe all children are individuals and are to be treated with respect.
- -We believe children learn through play, Instruction and by asking and answering questions.
- -We believe children need opportunities to develop physical, intellectual, social, emotional and language skill.
- -We believe children need acceptable guidelines for acceptable behavior and to know that there are consequences for unacceptable behavior.
- -We believe children should be taught the importance of having a positive attitude. This has been proven to raise self esteem, boost grades in school and assist them in getting along with others.

#### **After School Program Hours of Operation:**

The Virtual Learning Academy Camp & After School Program is open from 7:30AM to 6PM. Students must be picked up by 6PM. Please make every effort to be on time as there are late fees.

#### Tuition

After School tuition is due bi-weekly or weekly only. Checks should be payable to Byung Lee's Tae Kwon Do. We do not generate payment history, so we advise that you keep all of your receipts. All payments you made are non refundable unless prior arrangement are made.

#### **Returned Checks:**

The bank rate for NSF checks will be charged to the parent for any returned checks. Failure to keep your child's account current may result in termination.

#### Absences & Withdrawals:

If your child did not attend school, will be picked up from school or will be arriving at the facility early or late please let us know as early as you can. If your child is to be withdrawn from our program then a 2 week notice is needed and the account paid in full by the time of withdraw.

#### **Enrollment and Re-Enrollment:**

Children enrolled in our after school program must have the appropriate forms prepared prior to their first day attendance. A nonrefundable registration fee is due for all children. There is no re-enrollment fee for have returning student. A yearly emergency release form must be filled out or updated and a fall registration fee will be required.

#### Release of Children:

Children will be released only to those individuals whose names are recorded on the enrollment forms. Other persons not on the form must written authorization signed by the parent and followed with a verbal follow up from the parent (phone call from parent). All subjects are required to have proof of identification. If the center has not obtained a verbal follow up from the parent, the child will not be released.

#### **Changes:**

Our Center need to be immediately notified of changes in telephone numbers (Home or Work), Job, Family Status, custody changes, doctors and authorized person to pick up your child

#### Illness:

Children who become ill during the after school program may not remain at the center. Parents will be called to pick up their child as soon as possible. To parent - to prevent the spread of infections, please keep your child home when he/she has an elevated temperature, upset stomach, diarrhea, has a contagious condition such as pink eye, chicken pox, head lice, or has a skin infection or serious cold or any other severe health conditions. Please notify center if your child will be absent from school and our center and report all illness immediately.

#### **Injuries:**

If your child is injured at school, the only treatment that is provided is cleansing with soap and water, ice, band aid and TLC. And an injury that requires more than the basics listed in the preceding paragraph, will necessitate a parent coming to the center to determine if professional medical care is need.

#### Medication:

Our center does not administer medication. Parents are welcome to come to the center during operation hours and give the needed medication to the child.

#### **Some Final Suggestions for Parents:**

These policies may change from time to time due to regulation or center changes.

To help support on center we offer the followings:

- 1. Make sure your child is well fed and well rested.
- 2. Drop off and pick up your child on time.
- 3. If your child must be absent, please contact our center.
- 4. Treat your center with respect and professionally.
- 5. Be prompt with payments and considerate of non-working hours.
- 6. Adhere to all policies and read any and all information sent home.
- 7. Participate in center activities when at all possible.
- 8. Arrange a back up plan for when your child is sick or our center is closed.
- 9. Appreciate that our center cares for groups of children.
- 10. Share information that will assist your provider in caring for your child (Example-Parents being out of town for an extended period of time, changes in home life, death in family or death of friend). Any of these and more can affect your child and his/her development.
- 11. Communicate early to your center with any concerns you may have.

#### Late fees:

Late fees will be charged for children remaining after 6PM. The office clock is used to determine lateness. The late fee schedule is \$1.00 per minute per child for each minute (We will be giving 15 Mins. Grace period). All monies are due and payable to the staff remaining with your child upon parents arrival. We realize that there are emergency and unexpected situations; however, your communication and cooperation are greatly appreciated.



Byung Lee's Tae Kwon Do King Tiger Academy, Inc 120-A East Fire Tower Rd. Winterville, NC 28590 Tel. (252)355-3033 website: www.kingtigertkdgreenville.com

Parent's Name:	Cell Phone:	Office Phone:
Child Name I:	Child Name II:	Child Name III:
Address :		
Alternate Pickup/Emergency Contact I	Alternate Pickup	/Emergency Contact II
Telephone:	Telephone:	
Name:	Name:	
Tae Kwon Do King Tiger Academy, Inc, Winterville martial arts, with or without the dobok(uniform) involuding the properties of the propert	I understand that I am participation of the comparison of the programs with form of training/martial arts and he and associates of and from any and to any negligent or other act or or perty of the undersigned in participate reason why I cannot train in this funditioning or martial arts program atted medical assistance deemed nearly Lee's Tae Kwon Do King Tige tents maybe photograph, filmed and in the program of the training the training in the ed a copy of the Byung Lee's Tae I obey them. I understand that discoll not be entitled to a refund and if whedges and represents that he she	against any and all persons associated with Byung Lee's ng in an activity which has body contact. I understand that sively physical and may cause varied levels of pain. I assume Byung Lee's Tae Kwon Do King Tiger Academy, Inc, Windereby release Byung Lee's Tae Kwon Do King Tiger Acaded all liability, claims, demands, actions, medical bills and mission, and or any loss, damage, or injury, including death, pating in this form of training. I, the undersigned also state form of training. I have been advised that I should consult and understand that in case of emergency, I hereby authorize dessary and I agree to bear the expense of any such treater Academy, Inc, Winterville, I agree that my attendance and addor taped and used by the academy for marketing purposes intinue my training at Byung Lee's Tae Kwon Do King Tiger from the Academy via telephone, mail, and email. I, the his form of training and martial arts agree to all its rules, Kwon Do King Tiger Academy, Inc, Winterville rules, have beying the rules may, at instructors discretion, result in sustexpelled must pay the remainder of my contract. In signing has read the foregoing release, understands it and signs it Alegal guardian in signing this release agrees to all terms and
extra precautions with the care of every person associated, I hereby agree to the following: I understand Cas all household members, do not currently have, nor all household members, have not been diagnosed without knowingly been exposed to anyone diagnosed without traveled outside of the country, or to any city con	iated with Byung Lee's Tae Kwor COVID-19 symptoms (fever, fatigon have experienced the symptoms I th COVID-19 within the past 30 day th COVID-19 within the past 30 day is idered to be a "hot spot" for COV c, Winterville cannot be held liable	ae Kwon Do King Tiger Academy, Inc, Winterville is taking a Do King Tiger Academy, Inc, Winterville. Due to this are, dry cough, difficulty breathing) and affirm that I, as well isted above within the last 14 days. I affirm that I, as well as ays. I affirm that I, as well as all household members, have ays. I affirm that I, as well as all household members, have ID-19 infections within the past 30 days. I understand that e for any exposure to the COVID-19 virus caused by misin-
	child (children) related to your c	nowing of the risk involved with the potential spread of are wave any/all claim and release Byung Lee's Tae Kwon
Signed:		Date:



#### After School Program That Will Make Your Child Healthier Mind And Body.

King Tiger Taekwondo Academy, INC 120 East Fire Tower Rd. Winterville, NC 28590

Telephone: (252) 355-3033 www.kingtigertkdgreenville.com

	Day Time School:					
Parent and Child's Identificati	1 01 11 11 7 1 10 1 7			Date Enrolled:		
Child's Full Legal Name:		D.O.I				
Child's Preferred Name:						
Address:	City:	S				
	Relationship					
Address:	Telephone:					
Mother's Name:	Telephone:	(	Cell Phone:			
Home Address:	City:	Stat	e:	Zip:		
Place of Employment:	Teleph	Telephone :				
Address:						
Father's Name:			Cell Phon	ie:		
Home Address:	City:	Sta	ate:	Zip:		
Place of Employment:	Telepho	Telephone :				
Address:						
	S					
	ren					
for some reason the custodial parent or leg Name:	- <del>-</del>		Cell Pho	ne:		
Address:						
Street Address, Apartment	City	State		Zip		
Name:	Telephone:		Cell Pho	ne:		
Address:						
Street Address, Apartment	•	State		Zip		
Child's Physician/ Health resource :						
Address:						
Child's Dentist :						
Address:						
Has Child had: Surgery				,		
	, Convulsion					
List all identifying scars, birthmarks, skin						
Any concern:				·		
I give permission to consult the child's ph	ysician resource listed above in	case of emerger	ncy if I/wo	e can not be reached.		
				_		
Signature of Custodial Parent or Legal Gu	ardian:			Date		

## **Release for Emergency Care**

### Byung Lee's King Tiger After School Tae Kwon Do Program

This form must contain only one child's name, be notarized and updated annually.

I hereby give my consent to any eme				
	nt to transport by ambu			
C	1			
Family Physician's Name/Health Care Re	source	Tel	ephone Number	
•				
Allergies:				
Date of Last DPT or Tetanus:				
Insurance Company Covering Child:				
Policy Number:	Group Nu	Group Number:		
Signature of Legal Guardian:		Dat	e:	
Phone Number: (Home)				
Emergency Contact Person's Name:		Phone:		
Address:				
State of				
County of				
The foregoing instrument was acknowl	edged before me this	day of	20	
Ву	,	who is personally kno	wn to me or who has	
nroduced	as idanti	fication and who did	(did not) taka an aath	