CUNNINGHAM TAEKWONDO

AFTER SCHOOL PICKUP PROGRAM

Enrollment Application & Agreement | September 2026 - June 2027

Cedarbrae Centre - 3495 Lawrence Ave. E., Scarborough | 416-602-4875 | cunninghamtaekwondo@gmail.com

SECTION 1 - CHILD INFORMATION

Child's Full Name: _____

Date of Birth: _____ Grade: _____ School Dismissal Time: _____

School: _____ Teacher's Name: _____

School Phone: _____ Home address: _____

City: _____ Postal Code: _____

Allergies: [ ] No [ ] Yes If yes, explain: _____

Medical conditions / important information: _____

_____

SECTION 2 - PARENT / GUARDIAN INFORMATION

Parent / Guardian #1

Name: _____ Relationship: _____

Mobile: _____ Work: _____ Email:_____

Parent / Guardian #2

Name: _____ Relationship:_____

Mobile: _____ Work: _____ Email: _____

SECTION 3 - EMERGENCY CONTACT & AUTHORIZED PICKUP

Emergency Contact: _____ Relationship:_____

Phone: _____

Authorized persons other than parent/guardian who may pick up the child:

1. _____ Relationship: _____ 2. _____

Relationship: _____3. _____ Relationship: _____

For safety, children will only be released to an authorized person. Photo identification may be requested.

SECTION 4 - AFTER SCHOOL PICKUP SCHEDULE

Program Start Date: _____

Permanent Pickup Days: [ ] Monday [ ] Tuesday [ ] Wednesday [ ] Thursday [ ] Friday

Number of Days Per Week: [ ] 3 [ ] 4 [ ] 5

The days selected above become the child's permanent weekly pickup schedule. Please notify Cunningham Taekwondo before 1:00 PM whenever the child will not require pickup.

SECTION 5 - PROGRAM FEES & PAYMENT

Program Rate: $34 per day | $170 per week (5 days)

Weekly Program Fee: $_____ Deposit: $_____

Payment Method: [ ] E-Transfer [ ] Debit [ ] Credit Card [ ] Other: _____

I understand that my child's scheduled days are reserved specifically for them and that missed or absent days remain paid program days.

Parent Initials: _____

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AFTER SCHOOL PICKUP PROGRAM

SECTION 6 - PROGRAM POLICIES & PARENT ACKNOWLEDGEMENT

Attendance & Absences: Parents/guardians must notify Cunningham Taekwondo before 1:00 PM if their child will not require school pickup that day.

Permanent Schedule: Enrollment is based on the permanent pickup days selected on this application. Missed or absent scheduled days remain paid program days.

Vacation / Extended Absence: A minimum of one month's advance notice is required for planned vacations or extended absences. With the required notice, 50% of the child's regular program fee will be charged during the approved absence to reserve the child's permanent space. When less than one month's notice is provided, regular program fees continue to apply.

Withdrawal: One month's written notice is required to withdraw from the program, except when the program naturally concludes at the end of the school year.

Illness: Children experiencing fever, vomiting, diarrhea, or symptoms of a contagious illness should not attend. Children may return when they are well enough to participate normally and meet applicable school/public-health return-to-care guidance.

Parent Pickup: Regular parent pickup is between 5:00 PM and 6:10 PM. All children must be picked up no later than 6:10 PM unless prior arrangements have been made with Cunningham Taekwondo.

Daily Requirements: Children should bring a water bottle and healthy snack each day. A Taekwondo uniform is required for training.

[ ] I have read and agree to the After School Pickup Program policies above. Parent/Guardian

Initials: _____

SECTION 7 - AUTHORIZATIONS

[ ] Emergency Medical Care Authorization

I authorize Cunningham Taekwondo staff to obtain emergency medical assistance for my child when I cannot be reached.

[ ] Transportation / School Pickup Authorization

I authorize Cunningham Taekwondo and its designated drivers/staff to pick up and transport my child from their school to Cunningham Taekwondo.

SECTION 8 - PARENT AGREEMENT & SIGNATURE

I certify that the information provided on this application is accurate. I have read and agree to the policies, payment terms, transportation authorization, and conditions of enrollment for the Cunningham Taekwondo After School Pickup Program.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Cunningham Taekwondo Representative: _____

Signature: _____ Date: _____

Welcome to Cunningham Taekwondo - Building Confidence, Discipline and Character.

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PARTICIPATION WAIVER & RELEASE OF LIABILITY

Child's Full Name: _____

Parent / Guardian Name: _____

ACKNOWLEDGEMENT OF RISK

I understand that participation in Taekwondo, martial arts training, physical exercise, games, recreational activities, and related program activities involves physical exertion and inherent risks. These risks may include falls, contact with other participants or equipment, strains, sprains, bruises, and other injuries that may occur despite reasonable supervision and safety precautions.

HEALTH & PARTICIPATION

I confirm that my child is physically able to participate in the program to the best of my knowledge. I agree to inform Cunningham Taekwondo of any medical condition, allergy, injury, restriction, medication, or other circumstance that may affect my child's safe participation. I understand that I am responsible for obtaining medical advice when appropriate.

EMERGENCY CARE

If I cannot be reached in an emergency, I authorize Cunningham Taekwondo staff to seek reasonable emergency medical care for my child. I understand that Cunningham Taekwondo does not provide medical insurance and that I am responsible for medical expenses incurred on my child's behalf.

RELEASE & ASSUMPTION OF RISK

I voluntarily allow my child to participate in the Cunningham Taekwondo After School Pickup Program and related Taekwondo activities. To the extent permitted by law, I accept the ordinary and inherent risks of participation and release Cunningham Taekwondo, its owners, instructors, employees, volunteers, and designated program staff from claims arising from those inherent risks, except where liability cannot legally be waived or where a claim results from conduct for which a release is not permitted by law.

PARENT / GUARDIAN ACKNOWLEDGEMENT

I have read and understand this waiver and release. I have had the opportunity to ask questions before signing. I understand that this document affects legal rights and that my signature confirms my agreement on behalf of myself and, where legally permitted, my child.

Parent / Guardian Name: _____

Signature: _____ Date: _____

Child's Name: _____ Date of Birth: _____

Cunningham Taekwondo Representative: _____

Signature: _____ Date: _____

Please retain a copy of this signed agreement for your records.