

# Byung Lee's



## After School Care Program



We can pick up your child up from the majority of the schools in and around the community. For those who do not need transportation, talk to the staff about our discounted rate.

Here is name's of schools we provide pick up service,  
**Chicod, Creekside, Eastern, Elmhurst, Ridgewood,  
Winter-Green, WH Robinson, Winterville Charter, Hope middle**

120 East Fire Tower Rd. Winterville, NC 28590

**252-355-3033**

[www.kingtigertkdgreenville.com](http://www.kingtigertkdgreenville.com)

# After School Program

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

|   |                     |
|---|---------------------|
| <b>After School Program Tuition (About 10 Months/9 Months 3 Weeks with Public School Calendar)</b><br><i>Includes: After School Pick Up and Care, All Day Care during Teacher Work Days, Some Holidays, Winter Vacation All Daycare(1 week), Spring Break All Day Camp, Taekwondo</i> | \$3,500             |
| Ten (10) installment payments: <b>\$350</b> or  |                     |
| Daily rate for After School /Include TKD Class)   | <b>\$30 per day</b> |

**\*\* Family discount are available : 2nd child 15 % off, 3rd Child 20% off**

**\*\*\* Summer Camp is not include on this price information.**

## **Daily Schedule**

|                                 |                       |                      |
|---------------------------------|-----------------------|----------------------|
| 2:30 - 3:30 Pick Up from School | 3:10 – 4:00 TKD Class | 4:30 Snacks & Drinks |
| 4:30—5:00 Homework              | 5:00 Casual Times     | 6:00 PM Late Pick Up |

Welcome to 2021-2022 Byung Lee's King Tiger After School Program

- Taekwondo classes are Monday - Thursday
- Friday afternoon is for Fun Day
- Please clean up your child's cubby each Friday
- Take uniform Friday to wash and bring back on Monday.
- Please write a name for your child's uniform top, bottom, and belt.
- We will following the public school schedule for holidays, teacher workday, early release day.
- Covid 19 sanitization regulation will follow our Pitt County Schools' guidelines.

**Welcome:** We would like to welcome all summer participants. Enclosed you will find your account statement, tentative schedule, insurance and medical forms along with several other important forms. Please fill out these forms and return them before August 15, 2021. If you did not register and pay by that day you will be charged a \$50.00 Application Fee.

**Mission Statement:** The Mission of our after school/summer camp program 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 After School Program is open from 2:30 AM to 6PM. Students must be picked up by 6 PM.

**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 fees 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.

**Tuition:** After School Program tuition is due weekly or monthly payments. Checks should be made to Byung Lee's Tae Kwon Do. We do not generate payment history, so we advise that you keep all of your receipts.

**Returned Checks:** The bank rate for NSF checks will be charged to the parent for any returned check. Failure to keep your child's account current will cause termination.

**Absences :**

If your child can not make it or will be arriving at the facility late please let us know. If your child has not arrived by their normal schedule arrival time we will contact the parent or guardians allowed to pick up the child to assure everything is OK.

**Enrollment and Re-Enrollment:**

Children enrolled in our Summer Camp program must have the appropriate forms prepared prior to their first day attendance. A nonrefundable registration fee is due for all children. Re-enrollment is the automatic as long as the child continues to attend our center. A yearly emergency release must be filled out or updated and a fall registration fee will be required.

**Holidays:** Our center is closed for all national holidays: New Years day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving Day (Thur. & Fri), and Christmas holiday( Dec. 24 — Jan. 1). Tuition Remains the same. Our facility may also be closed on occasion for day prior or day following a holiday. This closing will be posted in advance.

**Release of Children:** Children will be released only to those to 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. All are subjects to 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 needs 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

**Vacation:**

- If a child is absent for full week for vacation or extended illness, a reduced rate of one-half the weekly tuition will be charged. For all elementary school age children who do not attend our center for the two weeks of Christmas vacation and the week of Easter vacation there will be No Charge. For the students that attend these weeks full time at the center the fee will be double the regular weekly after school program rate.
- It will be required that the parent bring the child into the center each morning and sign their child in lunch and snacks are to be provided by the parent for each day. The center may on an announced and scheduled basis, provide lunch or snacks for its students for minimal fee (example: Pizza Day).
- It will be required that the parent come into the center during departure to pick up their child.

**Illness:** Children who become ill during the summer camp 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 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 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. Pick up your child on time.
2. If your child must be absent, please contact our center.
3. Treat your center with respect and professionally.
4. Be prompt with payments and considerate of non-working hours.
5. Adhere to all policies and read any and all information sent home.
6. Participate in center activities when at all possible.
7. Arrange a back up plan for when your child is sick or our center is closed.
8. Appreciate that our center care for groups of children.
9. 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.
10. Communicate early to your center with any concerns you may have.



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

**King Tiger Taekwondo Academy, INC**

120 E. Fire Tower Rd. Winterville, NC 28590

Telephone: (252) 355-3033 [www.kingtigertkdgreenville.com](http://www.kingtigertkdgreenville.com)

Parent and Child's Identification Record Date Enrolled: \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_ D.O.B. : \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Who has legal custody: \_\_\_\_\_ Relationship \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone : \_\_\_\_\_

Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Telephone : \_\_\_\_\_

Address: \_\_\_\_\_

Other house hold members: Adults \_\_\_\_\_ Children \_\_\_\_\_

The child will release only to the person(s) authorized, or in the manner authorized, in writing , by the custodial parent or legal guardian. The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent or legal guardian can not be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Child's Physician/ Health resource : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Dentist : \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Has Child had: Surgery \_\_\_\_\_, Serious Illness \_\_\_\_\_, Burns \_\_\_\_\_,

Allergies \_\_\_\_\_, Convulsion \_\_\_\_\_

List all identifying scars, birthmarks, skin discoloration: \_\_\_\_\_

Any concern: \_\_\_\_\_

I give permission to consult the child's physician resource listed above in case of emergency if I/we can not be reached.

Signature of Custodial Parent or Legal Guardian: \_\_\_\_\_ Date \_\_\_\_\_

# Membership Agreement

Day Time School: \_\_\_\_\_

|                   |  |               |      |         |       |
|-------------------|--|---------------|------|---------|-------|
| Buyer Name:       |  | DOB:          |      | Age:    | (M/F) |
| Email             |  | Cell Phone #: |      | Work #: |       |
| Address:          |  |               |      |         |       |
| Emergency Contact |  |               |      |         |       |
| Member:           |  | DOB           | Age: |         |       |
|                   |  | DOB           | Age: |         |       |
|                   |  | DOB           | Age: |         |       |

|         |                             |  |
|---------|-----------------------------|--|
| Program | 1. Total fee for course: \$ |  |
| Begins: | 2. Less down payment: \$    |  |
| Ends:   | 3. Unpaid balance due: \$   |  |

Unpaid balance will be paid by buyer in \_\_\_\_\_ monthly payments of \$ \_\_\_\_\_ on the (1st, 5th, 10th, 15th, 20th, 25th) day of each month commencing on \_\_\_\_\_ and until the Unpaid Balance Due is paid in full. A \$5.00 late charge will be assessed for any fee 10 days past due date.

## Please Note:

- There is \$30.00 Service charge for any returned check. No Refunds - Only Credit can be issued on service, equipment, or uniforms.
- We do not generate payment history, so we advise that you keep all of your receipts.

**WAIVER AND RELEASE.** You (the Buyer and Enrollee) agree that you are aware that your child are engaging in a physical exercise, training and instruction, which could cause injury to your child. Your child are voluntarily participating in these activities and assume all risks of injury to your child that might result. You and your child hereby waive any claims or rights you might otherwise have to sue the Center, its employees or agents for injury to your child on account of these activities. You have carefully read this waiver and release and fully understand it is a release of liability. You and your child further agree to release the Center from any liability for any loss or theft of personal property. The Center will make no evaluation or recommendation whether Enrollee or guest are sufficiently physically fit for any exercise activities. It is always advisable to consult your child's physician before undertaking a physical exercise program.

**Loss/Damage/Theft of Student Property:** The Academy does not assume any responsibility for the loss, damage or theft of any property belonging to the student. Buyer and Student agree that the Academy and its personnel are not responsible for or liable for any such property even if its loss, damage, or theft occurs on or about Academy's facility.

## NOTICE TO BUYER

- \*\* Buyer fill in all blanks and read the reverse side of this agreement before signing.
- \*\* Buyer certifies that he/she is in good health, if not explain \_\_\_\_\_
- \*\* Enrollee understands that while all sessions are conducted by a trained instructor with safety in mind there are risks associated with the type of physical contact found in martial arts training and contests.
- \*\* Enrollee understands that the sessions involve some physical contact with the instructor or other members, which may at times result in accidental personal injury.
- \*\* Enrollee agrees to comply with the Rules and Regulations of the Center which may be given orally or posted in the Center. Continued rules violations may cause membership cancellation.
- \*\* Enrollee understands that no one shall practice free sparring or self-defense without the approval of the instructor.
- \*\* Enrollee in TaeKwonDo should take promotion test recommendation of the instructor.
- \*\* Uniform's, seminars, testing, tournaments, etc. are separate fees not included in the terms of this agreement.
- \*\* CONSUMER'S RIGHTS OF CANCELLATION: You may cancel this agreement penalty free within 3 days of execution date of agreement, exclusive of holidays and weekends upon mailing or delivering written certified notice of cancellation to above address. This agreement may be cancelled for reasons of death or substantial disability by providing a death certificate or disability statement by certified physician. You may cancel this agreement if the Fitness center goes out of business and fails to provide facilities within 8 miles of , or moves more than 8 miles from the present facilities. Agreement may not exceed more than 36 months.
- \*\* Buyer agree to make installment payments to the A. M. S., in Orlando, FL
- \*\* This agreement comprises the entire agreement pertaining to membership and no other agreement of and kind will be recognized by us.

Initial here( ) This agreement requires monthly payments by direct withdraw from Buyer's bank account. This provision supersedes any conflicting language contained herein.

Remarks : \_\_\_\_\_

Buyer Signature: \_\_\_\_\_ Registrar Signature: \_\_\_\_\_



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

**King Tiger Taekwondo Academy, INC**

120 E. Fire Tower Rd. Winterville, NC 28590

Telephone: (252) 355-3033 [www.kingtigertkdgreenville.com](http://www.kingtigertkdgreenville.com)

---

## **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 emergency facility and physician to administer necessary treatment to my child \_\_\_\_\_ in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

\_\_\_\_\_  
Family Physician's Name/Health Care Resource

\_\_\_\_\_  
Telephone Number

Allergies: \_\_\_\_\_

Date of Last DPT or Tetanus: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell/Pgr.) \_\_\_\_\_

Emergency Contact Person's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

By \_\_\_\_\_, who is personally known to me or who has  
produced \_\_\_\_\_ as identification and who did (did not) take an oath.