

**State of Florida Department of Children and Families  
SCHOOL AGE FACILITY APPLICATION FOR ENROLLMENT**

Date of Enrollment: \_\_\_\_\_ Updated: \_\_\_\_\_

**Student Information:**

Full Name: \_\_\_\_\_  
Last name First name Middle Name Nickname

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_

Child's Physical Address: \_\_\_\_\_

**Family Information:**

Child Lives With: \_\_\_\_\_ Custody: Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other \_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Medical Information:**

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list allergies, special medical or dietary needs, or other areas of concern: \_\_\_\_\_  
\_\_\_\_\_

**Emergency Contacts:** The following people may be contacted and 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 cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

- Section 7.3, of the Child Care Facility Handbook, requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility" (CF/PI 175-24): <http://www.dcf.state.fl.us/programs/childcare/docs/know%20your%20cc%20facility.pdf>
- Section 2.8, of the Child Care Facility Handbook, requires that parents are notified in writing of the disciplinary and expulsion policies used by the child care facility: <http://ccrain.fl-dcf.org/documents/7/352.pdf#page=1>

Your signature below indicates that you have received the above items (or have chosen to receive an electronic version via e-mail) and that the information on this enrollment form is complete and accurate. I hereby grant permission for the staff of this facility to have access to my child's records.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

*Please PRINT*

# MARTIAL ARTS PLUS

4024 W. Vine Street

Kissimmee, Fl 34741

407-847-6866

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## ENROLLMENT AGREEMENT

AFTER-SCHOOL

MARTIAL ARTS

SUMMER CAMP

Student's Name(s): \_\_\_\_\_

Birth Date(s): \_\_\_\_\_

Parent/Legal Guardian *if under 18 years of age*: \_\_\_\_\_

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

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list student's medical conditions or other special conditions that may interfere with physical exercise:

\_\_\_\_\_  
\_\_\_\_\_

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## Tuition Schedule

Martial Arts \$\_\_\_\_/month    After-school \$\_\_\_\_/week    Summer Camp \$\_\_\_\_/week

*The undersigned agrees to pay the tuition payable per week/month until the agreement is cancelled by either party with a thirty-day notice. Payments will be made to Martial Arts Plus.*

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## Release and Waiver of Liability

In consideration of services to be received as a student on these premises, the undersigned hereby releases and forever discharges the school, its administrators and its assigns from any and all liability claim for personal injuries, consortium or suffering known or unknown which may be sustained by \_\_\_\_\_ in connection with and in course of receiving this school training and participating in this school activities which may include tournaments and field trips. The undersigned assumes all the risks inherent and seldom to this type of sports activity and/or daily camp and after-school activities as a condition for applying for admission to this school for the purpose here and above stipulated. Parent(s) or legal guardian(s) of minor participants (age 17 or below) additionally agree that they instruct the minor participant to the above warnings and conditions and their ramifications, and that they consent to the minor's participation. \_\_\_\_\_

If your child is a student in the after-school and/or summer camp program, please list the names of additional persons permitted to pick up your child from our facility:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Accepted by:

Martial Arts Plus \_\_\_\_\_

Parent/Legal Guardian (*if under 18 years of age/Student*): \_\_\_\_\_

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E-MAIL: \_\_\_\_\_