

MARTIAL MOTION ACADEMY
KIDS EXCEL AFTER SCHOOL PROGRAM
2019-2020 SCHOOL YEAR



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www.martialmotionacademy.com

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Student Name: _____ Grade: _____

School: _____

Notes: _____

Select days the student will attend the after school program:

Monday Tuesday Wednesday Thursday Friday

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

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Registration fee: **\$100.00** (Refunded towards 3rd month fee)

	5DAY	4DAY	3DAY
Monthly	\$399.00	\$359.00	\$329.00
Aug 14 th to Aug 31 st of 2019*	\$245.00	\$220.00	\$200.00
December 2019 prorated [§]	\$285.00	\$255.00	\$235.00
January 2020 prorated [§]	\$345.00	\$310.00	\$285.00
June 01 st to June 5 th of 2020*	\$95.00	\$85.00	\$78.00
Sibling discount	10%	10%	10%

**** SIBLING DISCOUNT CANNOT BE COMBINED WITH ANY OTHER DISCOUNT OR PROMOTION**

*** NO PROMOTIONAL OR EARLY REGISTRATION DISCOUNTS APPLIED**

§ WE ARE OPEN DURING THE WINTER RECESS. FEE WILL BE PRORATED FOR DECEMBER OR JANUARY IF AND ONLY IF NOT ATTENDING ENTIRE RECESS OF THAT SPECIFIC MONTH AND MUST BE INFORMED BEFORE DECEMBER 5TH.

Other costs:

- Add an unscheduled day \$25.00
- Late notification of absence after 11AM \$20.00
- No call in for student absence from school \$30.00
- Additional pick-up (per day price) \$25.00

Payment information:

- Monthly payments (Cash, Check, Auto pay, Credit card*)
- Auto Pay – Please complete authorization form to setup automatic monthly payments
- All monthly payments are due on the first of each month. Payments must reach the school by the 5th of each month. A \$20.00 late payment fee will be charged if payment has not been received by the due date.
- “Other costs” must be paid by check or cash within one working day

*** Addition processing fee applied for credit card transaction**

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Holiday Schedule

2019	2020
September 2 nd Labor Day	January 1 st New Year Day
November 11 th Veterans Day	January 20 th Martin Luther King Day
November 28 th Thanksgiving Day	February 17 th Presidents day
November 29 th Day after Thanksgiving	
December 24 th Christmas Eve	
December 25 th Christmas Day	
December 31 st New Year Eve	

No school days covered at no additional charge

(8:00AM to 6:45PM; Lunch not provided)

2019	2020
September 30 th	February 14 th
October 9 th	March 13 th
November 1 st	April 10 th
	April 13 th

No school days covered at additional charge

(8:00AM to 6:45PM; Lunch not provided)

Thanksgiving Recess	\$15/day - With regular monthly fee
Winter Recess	\$15/day - With regular monthly fee \$40/day – Unscheduled day
Spring Recess	\$15/day - With regular monthly fee

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ALLERGIES

Student Name: _____

Please include the severity of reaction, degree of exposure, frequency of reaction and management/treatment of the reaction.

Drug: _____

Food: _____

Insect Stings/Bites: _____

Seasonal Allergies: _____

Other:

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____

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POLICIES AND PROCEDURES

All tuition fees must be paid in full prior to the child's starting date unless other arrangements have been made with the business office. All monthly payments are due on the first of each month. Payments must reach the school by the 5th of each month. A \$20.00 late payment fee will be charged if payment has not been received by the due date.	<hr/> (Initial)
All tuition fee listed are for 2019-20 SVUSD regular school months – lunch is not included. Additional fee of \$15.00/day (lunch not included) for SVUSD Thanksgiving, Winter and Spring recess with full month enrollment.	<hr/> (Initial)
The After School Program will be closed on federal holidays, day after Thanksgiving, Christmas eve and New year's eve.	<hr/> (Initial)
I/ We understand there will be a \$25.00 fee charged for any individual check that does not clear the bank for any reason.	<hr/> (Initial)
The agreement for enrolment is a month to month contract. We ask the parents to provide us in writing at least one month notice if your child will not be continuing with our program. Clearly list the last day of planned attendance so that we can instruct the business office tuition is paid in advance therefore the 30 day countdown begins on the 1 st day of the following month.	<hr/> (Initial)
It is the responsibility of the parent/guardian to pick children up by 6:45PM. For any child picked up after 6:45PM, there will be an additional charge of \$1.00 per minute with a minimum of \$10.00. This fee is payable at the time of pick-up or the following day to the staff in attendance.	<hr/> (Initial)
Only the parent/guardian whose signature appears on this registration form may make changes to the form. Any person listed as a parent/guardian on the registration form may add or remove additional person(s) to the authorized pick-up list.	<hr/> (Initial)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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WAIVER AND RELEASE OF LIABILITY

The after school program provides no insurance coverage for participants, and I will be responsible for any and all medical treatment for my child including the cost thereof.	<hr/> (Initial)
In the event of a medical emergency, 911 will be called and every effort will be made to contact parent(s)/guardian(s); I will keep my phone records updated with the After-school Program Coordinator. If my child has a chronic medical or health condition, I agree that calling 911 is an appropriate response if my child has a medical episode, and I have been informed of After-school Program staff members who have been trained to recognize my child's symptoms and call 911 if necessary. I recognize that this type of intervention may be different than the health-related services provided during the school day in the school setting.	<hr/> (Initial)
If my child has any allergy that could result in anaphylaxis (example: tree nut or bee allergy) I will provide an Epi-Pen to keep at the program site with a current prescription. If my child has asthma, I will provide an inhaler to keep at the program site with a current prescription. If my child self-carries their epi-pen or inhaler, I understand that a self-carry contract must be on file with the school site.	<hr/> (Initial)
Unless otherwise noted above, my child has no illness, condition, or impairment that would make it unsafe for him/her to participate in sports or physical activities.	<hr/> (Initial)
FOR AND ON BEHALF OF MYSELF AND THE ABOVE-NAMED CHILD, I HEREBY WAIVE ANY AND ALL CLAIMS AND DEMANDS FOR RELIEF ARISING FROM OR IN CONNECTION WITH PERSONAL INJURY OR DEATH RESULTING FROM MY CHILD'S PARTICIPATION IN THE AFTER SCHOOL PROGRAM, REGARDLESS OF THE LEGAL OR FACTUAL BASES THEREOF, THAT COULD BE ASSERTED IN ANY FORUM OR MANNER WHATSOEVER, AND EXPRESSLY RELEASE, DISCHARGE, AND INDEMNIFY THE AFTER SCHOOL PROGRAM, ITS MEMBERS, AGENTS AND EMPLOYEES, PAST, PRESENT, AND FUTURE, FROM AND AGAINST ANY AND ALL CLAIMS AND DEMANDS WAIVED HEREIN REGARDLESS WHEN OR BY WHOM ASSERTED.	<hr/> (Initial)
I represent that I am the parent/guardian of the child named above, that I am over the age of eighteen (18) and that I have read the foregoing in its entirety and understand the meaning and effect thereof and intending to be legally bound here set in my hand on the date listed below.	<hr/> (Initial)

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

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AFTER SCHOOL PROGRAM SCHEDULE

2:00 – 3:00 PM	School pickup, arrival and snack time
3:00 – 4:00 PM	Homework, Reading, Arts and Crafts (Fridays)
4:00 – 5:00 PM	Batch 1: Martial Arts Class Batch 2: Snack time (20 min) Computer Lab Reading Club Worksheet time
5:00 – 6:00 PM	Batch 2: Martial Arts Class Batch 1: Snack time (20 min) Computer Lab Reading club Worksheet time
6:00 – 6:45 PM	Access to Kids Gym, Socializing, Extra help with homework

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CONTACT AND CHECK-OUT AUTHORIZATION FORM

Student Name: _____

The following individuals are authorized to check-out the above named student:

Name	Relationship	Phone numbers
	Parent or Guardian	Cell: Home: Work: e-mail:
	Parent or Guardian	Cell: Home: Work: e-mail:



Communicate on WhatsApp

Yes / No

Signature of Parent or Guardian _____ Date _____

Signature of Parent or Guardian _____ Date _____