**The Zen Life Center, Inc. (B Corp Certified)**

**How Our After School Program (ASP) Tuition Works**

**NOTE:** We will be closed 9/7 (Labor Day), and December 21-Jan 3 (Winter Break)

We will be open for all-day camp Nov 23-25 (Thanksgiving Break), March 15-19 (Spring Break), and May 27-28

Our ASP price is not based on full weeks. It's a tuition cost. But tuition can be paid on a weekly, biweekly, or monthly basis, or it can be paid in full. Your ASP membership is not cancellable or refundable.

*You are responsible to fulfill your full membership obligation whether or not your child attends.*

Our ASP 2020-2021 enrollment fee is $99. This fee includes extra sanitizing supplies and services and basic supplies.

NOTE: Tuition payments are billed consecutively!

Monthly payments are due on or before the 15th of each month.

Weekly payments are due before the beginning of each new week.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_

Student’s DOB: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_

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

Parent’s Names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Phone Numbers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emails: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

People Authorized to Pick Up with Relationship to Student and Phone Number:

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

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

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

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

Enrollment Day Options:

1-2 days per week. Days: (Please Circle) Mon. Tues. Wed. Thurs. Fri.

3-5 days per week. Days: (Please Circle) Mon. Tues. Wed. Thurs. Fri. All

Size Uniform Needed: \_\_\_\_\_\_\_\_ Date Received: \_\_\_\_\_\_\_\_\_

Number of T-Shirts & Size Needed (OPTIONAL) \_\_\_\_\_\_\_\_ ($20 per shirt)

Amount Paid \_\_\_\_\_\_\_\_\_\_ (CC, C, or CK)

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FULL YEAR: August 17, 2020 - May 26, 2021

The full year goes from Aug 17-May 26. The total program fee is $3,315.00 including Thanksgiving Break (Nov. 23-27) and Spring Break (Mar 15-19).

​\*\*\*\*\* Please note: We will be closed for the weeks of December 21-Jan 3 \*\*\*\*\*

As a friendly reminder a payment will still be made for this week because payments are made sequentially.

Payments are made consecutively. This means even if your child will not be present for a week, there will still be a payment due for that week.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are enrolling for the entire school year, the total cost will be $3,315.00.

If you are paying in full for the full year, a 5% discount will be applied, totaling $3,149.25.

There are no refunds.

BREAKDOWN FOR NON-FULL WEEKS:

**Note:** Students enrolled in partial weeks still take up a full seat in our vans.

There will be no discount given for second child.

1-2 days full year $2,925 ($75/week) ​​

3-5 days full year $3,315 ($85/week)​​

**Note:** You can pay in weekly, biweekly, or monthly payments. You can receive a 5% discount if you pay in full for the full year. There are no refunds.

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Authorizations and Emergency Release Form**

*This form allows the Zen Life Center staff to attain medical attention for your child should an emergency situation occur. Please careful read the information below and fill out the information to it’s entirely.*

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_

Disabilities/Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor and Doctor Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Center/Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. \_\_\_\_\_\_I authorize the Zen Life Center to perform any necessary first aid should it be crucial (this includes but not limited to applying ice packs, Band-Aids, antiseptics such as Neosporin/Benadryl, etc.).
2. \_\_\_\_\_\_ I authorize the Zen Life Center to utilize emergency services (i.e ambulance) should a situation require advanced medical attention.

I the undersigned participant and parent/guardian of the above listed minor acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue the Zen Life Center, its owners, employees, and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Zen Life Center will cause the participant to be removed from the Program.

Parent/Legal Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Transportation Form • ASP Contract**

*This form allows the Zen Life Center staff to transport your child(ren) from the school or to other traveling destinations. Please careful read the information below and fill out the information to it’s entirely.*

 In consideration of the opportunity to be a participant at The Zen Life Center Benefit Corporation’s afterschool or summer program I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

(Parent/Legal Guardian’s Name)

hereby agree to release, indemnify, and hold harmless The Zen Life Center Benefit Corporation, Dr. Sheila Rochefort-Hoehn and Richard Hoehn, employees or agents from any responsibility or liability for personal injury, including death and damage or loss of property. I agree to these terms whether or not arising from the negligence of the program that my child/participant may sustain while my child/participant is traveling to or from all the events and activities for this afterschool/summer camp program.

In addition, I understand that the Zen Life Center Benefit Corporation does not provide medical coverage and I, as the parent of the child/participant, must provide medical insurance and/or coverage. In the case of injury or medical emergency and in the event, I cannot respond at the time of the emergency; The Zen Life Center, has the permission to seek, administer, or have administered first aid or emergency medical care deemed necessary for my child/participant’s welfare. It is understood that the parents of the child/participant not The Zen Life Center, shall not be responsible for any and all charges for such health care and /or emergency services.

Furthermore, I recognize that all events and activities at The Zen Life Center’s Afterschool/Summer program has a certain degree of risk from traveling, and I knowingly and voluntary assume the risk of any injuries regarding the severity, including death, and all risk of damage to or loss of property which may incur from the travel to and from any event or activities. The Zen Life Center, has explained to me the safety rules for travel and that my child/participant is required to wear a seat belt at all times in any vehicle of transportation for The Zen Life Center Afterschool/summer program activities.

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

(Student’s Name) (Date)

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

 (Parent/Guardian Printed Name) (Parent/Guardian Signature)

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

(TZLC Staff Signature)

Also, refer a new ASP student from a new family who signs up for the full year of our ASP and receive a $200 credit toward our pro shop. Refer a new ASP member, from a new family, for half of the ASP year and receive a $100 credit toward our pro shop. Pro shop merchandise includes uniforms, shirts, protective gear, sparring gear, weapons, and more!!

Refer a new signup for any of our other memberships and receive a $25.00 credit toward our pro shop!

\*Please make sure your child wears his/her uniform every day.

Initial \_\_\_\_

\*Please make sure your child has snacks every day. We will sell snacks when we have them. All snacks are priced between $0.50 and $2.00.

Initial \_\_\_\_

\*An additional charge of $5.00 will be applied to my account should my child be absent and a phone call, text message, or verbal agreement with a staff member is not observed.

Initial \_\_\_\_

\*We have ZERO TOLERANCE for BULLYING, PHYSICAL VIOLENCE, and REPEATED BEHAVIORAL ISSUES

Please note that any kid/s engaging in bullying and/or physical violence, or repeated behavioral issues will be suspended from TZLC ASP for a day, or whatever is deemed appropriate at the time, for the first incident and indefinitely after the second incident will no refund for tuition be given.

Initial \_\_\_\_

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

TZLC Staff Member Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TZLC Staff Member Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

To Be Initialed:

* \_\_\_\_\_ $25.00 LATE FEE will be billed automatically for payments that are late.
* \_\_\_\_\_ Bounced Check Fee of $35.00 will be billed automatically.
* \_\_\_\_\_ Late Pick-Up Charge of $15.00 for pick-up between 6:31pm-6:45pm, $25.00 for 6:46pm-7pm. This will be billed automatically to your account on the day of late pick-up.
* \_\_\_\_\_ ZERO TOLERANCE for violence, bullying, and repeated behavioral issues, which can result in being expelled for a duration of time with no refund of tuition.
* \_\_\_\_\_ I understand that I am paying for tuition and my payments are made consecutively, even if my child(ren) are not attending or if The Zen Life Center is closed.
* \_\_\_\_\_ I understand that there will be a $5.00 No-Call Fee billed automatically to my account if my child(ren) are out and a TZLC staff member is not notified.
* \_\_\_\_\_ I understand that if my child is not present during the days in which school is not in session, such as, but not subjected to, Winter and Spring Break, there will still be a payment due.
	+ \_\_\_\_\_ Should my child(ren) be present at TZLC during days in which school is not in session, I may incur an additional excursion fee to cover the cost of any activity or field trip.
	+ \_\_\_\_\_ I am aware that the cost of the excursion fees during this time will not exceed $25.00 for the week.

ASP Rules

* Eat only in the room with tile flooring.
* Wear your uniform or ZLC t-shirt and dobok pants every day.
* Answer with “yes ma’am/sir” or “no ma’am/sir.”
* Do not talk when the instructor is talking.
* Do not lay on the floor of the dojang (training area), unless instructed to do so.
* No running or playing in the halls on in/near the bathrooms.
* Absolutely NO horseplay in the ASP rooms or dojang.
* Bow when entering and leaving the dojang.
* No use of phones/electronics unless given permission. Electronics are permitted on Fridays, at the discretion of TZLC staff members.
* Clean up after yourself.
* Ask for permission before taking out board games.
* You MUST change in the bathrooms.
* No screaming/yelling in the vans or ASP rooms.
* Be respectful in the vans, and wear your seatbelts at all times. DO NOT remove your seatbelts until the driver tells you to.
* No fooling around during class.
* Follow the signs for when you can talk, whisper, or have to be quiet.
* Be respectful, kind, and courteous at all times, to all people.
* DO NOT use your martial arts training to fight or bully anyone.
* Show respect to your parents, teachers, and peers.
* Strive to be the best student possible in school, the best martial artist at Zen, and the best son or daughter at home.
* Recycle at all times at the dojang. Do not put non-recyclable items in the recycling bins.

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

**COVID-19 and Liability Waiver**

\_\_\_\_\_\_ In consideration of my active participation in the training and activities associated with The Zen Life Center, I do hereby, for myself, my heirs, executors, and administrators waive release and forever discharge any and all rights and claims for all damages which I or my child, or family member may have, or which may accrue me or my child, against The Zen Life Center, or their respective officers, agents, representatives, successors, and/or assigns, against any member for any and all damages which may be sustained by me and/or my child. This will also extend to any activities and/or traveling outside but associated with The Zen Life Center.

\_\_\_\_\_\_ I understand that there is a high risk of physical injury including death that can occur while participating in martial arts training, even while wearing protective gear. I am also aware that martial arts’ training does consist of strenuous training and hard physical contact.

\_\_\_\_\_\_ I am in good physical and mental health and will notify The Zen Life Center if any future health problems will hinder my training. If any cost due to injury may occur, I do have my own medical insurance that will cover all costs. I do knowingly and voluntarily give up my legal rights against all of these persons and entities.

\_\_\_\_\_\_ I hereby, am aware of the potential risk of exposure of COVID-19 or any other underlying illnesses or viruses by being in contact with any surface areas or person(s), and understand that The Zen Life Center holds no responsibility for any transmission or exposure of those illnesses or viruses inside or outside the facility.

\_\_\_\_\_\_ I waive release and eternally discharge any and all rights and claims for all viruses and illnesses which I, my child, or family member may contract or have, against The Zen Life Center or any member and all illnesses or viruses which may be sustained by me and/or my child. This will also extend to any travelling outside but associated with the Zen Life Center.

\_\_\_\_\_\_ I am aware that when entering The Zen Life Center facility, I, my child, or any family member, will be required to have temperatures taken upon arrival and if refusal occurs, I will not able to enter the facility. This is for the consideration for the health and safety of other Zen Life Center members as well as our staff.

\_\_\_\_\_\_ In consideration of the health and safety for myself, other members and staff, I understand that if The Zen Life Center’s maximum capacity is met, I will be asked to leave the facility.

**Parent or Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness Signature (Staff Only): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**