## After School Program 2021-2022

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

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

Our ASP price is not based on full weeks. It is a tuition cost. 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 membership obligation whether your child attends or not.

Our enrollment fee for the After School Program 2021-2022 is \$99. This fee includes extra sanitizing supplies and a uniform.

Along with the enrollment fee, we ask that you donate one or more of the following items:

- Kleenex
- Colored Pencils
- □ Markers
- Disinfecting Wipes

#### NOTE: Tuition payments are billed consecutively!!

Monthly payments are due on or before the 15<sup>th</sup> of each month.

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

Student's Name:		
Parent's Name:		
Parent's Signature:	Date:	

### **NOTE:** We will be CLOSED

Monday 9/6/2021 (Labor Day), Thursday 11/25/2021 – Friday 11/26/2021 (Thanksgiving Day), Friday 12/24/2021 (Christmas Eve), and Friday 12/31/2021 (New Year's Eve)

#### We will be OPEN for All-Day Camp

Friday 10/8/2021, Monday 11/22/2021 – Wednesday 11/24/2021 (Thanksgiving Break), Monday 12/20/2021 – Thursday 12/23/2021 & Monday 12/27/2021 – Thursday 12/30/2021 & Monday 1/3/2022 – Tuesday 1/4/2022 (Winter Break) Monday 1/17/2022 (MLK Jr. Day) Monday 2/21/2022 (President's Day) Monday 3/14/2022 – Monday 3/21/2022 (Spring Break)

## **Registration Information**

Student's Name:			DOB:			
		Grade: _	Grade:			
Allergies:						
Parents' Names	S:					
Parents' Phone	Numbers:					
Parents' Emails	:					
People authoriz number:	ed to pick up, with re	lationsh	ip to st	udent ai	nd phoi	ne
Name:	Relationship:	P	hone Nu	umber:		
Name:	Relationship:	P	hone Nu	umber:		
Name:	Relationship:	P	hone Nu	umber:		
Name:	Relationship:	P	hone Nu	ımber:		
Enrollment Day	Options:					
1-2 Days per W	eek: (Please Circle)	Mon.	Tue.	Wed.	Thu.	Fri.
3-5 Days per W	eek: (Please Circle)	Mon.	Tue.	Wed.	Thu.	Fri.
Size Uniform No	eeded: Date	Receive	ed:			
Parent's Name:						
Parent's Signate	ure:			Da	ate:	
TZLC Represer	ntative Name:					
TZLC Represer	ntative Signature:			D	ate:	

## Full Year: 10 August 2021 – 25 May 2022

The full year goes from 10 August 2021 through 25 May 2022.

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

Parent's Name:	
Parent's Signature:	Date:
TZLC Representative Name:	

TZLC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# The enrollment fee for our program is \$99 and MUST be paid at the time of enrollment.

If you are enrolling for the entire school year with <u>3-5 days per</u> week, the total cost is \$3,570.00 (\$85/week) + \$99 enrollment fee

If you are enrolling for the entire school year with <u>1-2 days per</u> week, the total cost is \$3,150.00 (\$75/week) + \$99 enrollment fee

If you pay in full, you will receive a 5% discount.

### There are no refunds.

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ TZLC Representative Name: \_\_\_\_\_

TZLC Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Authorization and Emergency Release Form

This form allows The Zen Life Center's staff to attain medical attention for your child, should an emergency occur. Please carefully read the information below and fill it out in its entirety.

Studen	it's Name:	DOB:
Disabili	ities/Allergies:	
Medica	ations:	
Doctor	and Doctor Phone Number:	
Medica	al Center/Contact:	
Please I	Initial Below:	
b a 2	I authorize The Zen Life Center to perform any e crucial (this includes, but not limited to, applying i ntibiotic creams/ointments such as Neosporin, etc.) I authorize The Zen Life Center to utilize emerg mbulance) should a situation require advanced me	ce packs, Band-Aids, gency services (i.e.,
l, the under each partic death, and	rsigned participant and parent/guardian of the above listed minor, ac cipant will be engaging in activities that involve risk of serious injury, severe social and economic losses which might result not only from but action inaction or pedigence of others, the rule of play, or the	knowledge and fully understand that ncluding permanent disability or their own actions, inactions or

negligence, but action, inaction or negligence of others, the rule 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 sue The Zen Life Center, its owners, employees, and associated personnel including those of its affiliated organizations, and the owner 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 claims by or on behalf of the participant as a result of their participation. The 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 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 give 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 alteration without the express written consent from The Zen Life Center will cause the participant to be removed from the program.

Parent's Name:	
Parent's Signature:	Date:
TZLC Representative Name:	
TZLC Representative Signature:	Date:

## **Transportation Consent Form**

This form allows The Zen Life Center's staff to transport your child(ren) from their school to our facility or other traveling destinations. Please carefully read the information below and fill it out in its entirety.

In consideration of the opportunity to be a participant at The Zen Life Center's after school program, I hereby agree to release, indemnify, and hold harmless The Zen Life Center, 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 may sustain while my child is traveling to or from all events and activities for this after school program.

In addition, I understand that The Zen Life Center does not provide medical coverage and I, as the parent/guardian of the child/participant, must provide medical insurance and/or coverage. In the case of injury or medical emergency, and in the event, if I cannot respond at the time of 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's welfare. It is understood that all the parents of the child, not The Zen Life Center, shall be responsible for any and all charges for such healthcare and/or emergency services.

Furthermore, I recognize that all events and activities at The Zen Life Center's after school program has a certain degree of risk from traveling, and I knowingly and voluntarily 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 is required to wear a seatbelt at all times in any vehicle of transportation for The Zen Life Center after school program activities.

Student's Name:	
Parent's Name:	
Parent's Signature:	Date:
TZLC Representative Name:	
TZLC Representative Signature:	Date:

### To Be Initialed:

\_\_\_\_\_ Please make sure your child wears his/her uniform every day. Send them with their uniform on Mondays and take it home on Fridays to wash it over the weekend.

\_\_\_\_\_ 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.

## \_\_\_\_\_ 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. If your child(ren) is/are expelled from TZLC ASP, there will be no refund of tuition.

\_\_\_\_\_ \$25.00 LATE FEE will be billed automatically for payments that are late.

\_\_\_\_\_ \$35.00 Bounced Check Fee will be billed automatically.

\_\_\_\_\_ \$15.00 Late Pick-Up Fee for pick-up between 6:31pm-6:45pm, or \$25.00 Late Pick-Up Fee for pick-up between 6:46pm-7pm. This will be billed automatically to your account on the day of late pick-up.

\_\_\_\_\_ 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 not be observed at least 1 hour before my child is dismissed from school.

\_\_\_\_\_ I understand that there will be a \$5.00 NO-CALL FEE billed automatically to my account if my child(ren) is/are out and a TZLC staff member is not notified AT LEAST 1 hour before my child is dismissed from school.

\_\_\_\_\_ I understand that I am paying for tuition, and my payments are made consecutively, even if my child(ren) is/are not attending, or if The Zen Life Center is closed.

\_\_\_\_\_ I understand that if my child(ren) is/are not present at TZLC during days which school is not in session, such as, but not limited to, Winter Break, Spring Break, there will still be 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 at this time will not exceed \$25.00 for the week.

### **ASP Rules**

- > Do not walk around with food. Eat only at your table.
- Wear your full dobok (uniform) or ZLC t-shirt and dobok pants every day.
- Answer to instructors/staff/adults 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 or 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 or playing around in the vans or ASP rooms.
- Be respectful in the vans, and wear your seatbelt at all times. DO NOT remove your seatbelts until the driver tells you to.
- > No fooling around during class.
- > 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 the dojang, whenever possible. Do not put non-recyclable items in the recycling bins.

Student's Name:	
Student's Signature:	Date:
Parent's Name:	
Parent's Signature:	Date:
TZLC Representative Name:	
TZLC Representative Signature:	Date: