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

**HOW OUR TUITION WORKS for our After-School Program (ASP)**

**NOTE:** We will be closed Sept. 2, November 28-29, December23-27 and January 1

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 for a 5% discount. Your ASP membership is not cancellable, freezable, or transferable. **You are responsible to fulfill your full membership obligation whether or not your child attends**.

The ASP 2019-2020 enrollment fee is $99. This fee includes a uniform and basic supplies.

**NOTE**: Tuition payments are billed consecutively! Monthly payments are due on or before the 15th of each month.

**FULL YEAR: August 12, 2019--May 27, 2020 (Discount given for 2 child)**

The total program fee is $3,570 including Thanksgiving break (Nov. 25-29), Winter Break (Dec 20-Jan 3), Spring Break (Mar 16-20), all half days and full days where school is not in session.

\*\*\*\*\* **Please note**: We will be closed for the week of December 23-Jan 1; full camp days will be provided Jan 2-3 \*\*\*\*\*

* As a friendly reminder a payment will still be made for this week because payments are made sequentially; as a cost of tuition

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. Initial\_\_\_\_\_\_\_

If you are enrolling for the entire school year, the total cost will be $3,570. If you are paying in full for the full year, a 5% discount will be applied, totaling $2,856.

**BREAKDOWN FOR NON-FULL WEEKS: Note: Students enrolled in partial weeks still take up a full seat in our vans. No discount given for second child.**

1-2 days full year $3,225 ($65/week)

3 days full year $3,150 ($75/week)

Note: You can pay in weekly, biweekly, or monthly payments. You can receive a 5% discount if pay in full for a full year, or a 3% discount if pay in full for half a year at a time.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Second Child ASP Prices

* Full Year tuition is $3,225

Note: If pay in full for full year, receive a 5% discount.

Also, refer a new ASP student from a new family who signs up for the full year of our ASP and receive a $200 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!

The Zen Life Center, Inc.

B Corp Certified

2018 -2019

**407-695-7555**

**1425 Tuskawilla Road #181 Winter Springs, FL 32708**

**Registration & Tuition:**

**Student’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Parent’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School Attending\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**People Authorized to Pick Up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Important Phone #s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**Enrollment weeks for After School Program:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Start Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Fee (includes uniform & basic supplies) $99.00 Paid on\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Enrollment Day Options:**

 **1-2 days per week. Days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3-4 days per week. Days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**First Payment will be made: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Payment will be made:\_\_\_\_\_\_\_\_\_\_\_**

**Full Weeks\_\_\_\_\_**

**Size Uniform Needed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (included in enrollment fee) Received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**# of t-shirts & size needed (OPTIONAL)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ($20 per shirt) Amt Paid\_\_\_\_\_\_\_\_\_\_CC, C, CK**

**Parent’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Witness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**The Zen Life Center**

**To Be Initialed and Signed**

* $25 LATE FEE to be billed automatically for payments that are late.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Bounced check fee $35 to be billed automatically \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Late pick-up charge of $15 for pick up between 6:31pm-6:45pm; $25 for 6:46pm-7pm. This will be automatically billed 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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Cancellation policy: No cancellation, freeze, transfers \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* $5 extra per week for in-house payments (cash or check) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* I understand that I am paying for tuition and my payments are made consecutively even if my child(ren) are not attending or the Zen Life Center is closed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* There will be a $5 no call fee should my child be out and a staff member at TZLC 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 the Zen Life center 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 the cost of the excursion fees during this time will not exceed $25.00 for the week\_\_\_\_\_\_
* The information was explained to me and I understand \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Staff Member:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payments are due for all weeks registered for regardless of attendance**. Initial\_\_\_\_\_\_\_

My First Payment will be made:\_\_\_\_\_\_\_\_\_\_\_\_ My final payment will be made:\_\_\_\_\_\_\_ **initial** \_\_\_\_\_\_\_\_

Your payment amount is $\_\_\_\_\_\_\_ per\_\_\_\_\_\_\_ First Due\_\_\_\_\_\_\_\_ Then After Due\_\_\_\_\_\_\_\_\_

CC#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CCExp\_\_\_\_\_\_\_\_\_CCcode\_\_\_\_\_\_\_ Name on CC\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Zip Code for CC address\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_2. A rejected Credit Card/Debit card and/or Check will have a service fee of $35.00. Your credit/debit card will be debited for rejected payments (s) plus any outstanding fees automatically. Your prompt payment is appreciated and expected.

\_\_\_\_\_\_3. Waiver & Release: Buyer(s) understands that Student(s) is engaging in physical activities/exercises, travel, outside excursions, along with the use of The Zen Life Center,Inc., Richard Hoehn, and Sheila Hoehn, facility, equipment, training and instruction, which can be dangerous & could cause injury or even death. Therefore Buyer(s), assumes all risk of injuries to said individual(s). Buyer/Student(s) hereby waives and releases any claim or right to sue The Zen Life Center,Inc., Richard Hoehn, Sheila Hoehn, employees or agents for injury. Buyer(s) has carefully read this waiver and release and fully understands that it releases The Zen Life Center,Inc, Richard Hoehn, Sheila Hoehn, employees or agents of all liabilities for any physical and/or mental injury that may occur. It is always advisable to consult your physician before undertaking any physical activity/exercise program, particularly Taekwondo and any physical and sports activities.

\_\_\_\_\_\_4. LOSS/DAMAGE/THEFT; The Zen Life Center,Inc., Richard Hoehn, Sheila Hoehn, employees or agents do not assume any responsibility for the loss, damage, or theft of any property belonging to the Buyer(s)/Student(s) and agrees that The Zen Life Center, Inc., Richard Hoehn, Sheila Hoehn, employees or agents are not responsible or liable for any such property in the event of loss, damage, or theft on or about the facility.

AUTHORIZED SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

The Zen Life Center, Inc.

After School Program:

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

Initial\_\_\_\_\_\_

\*\*Please make sure your child has a snacks every day. We will sell snacks when we have them. All snacks and drinks are $1.00 or popcorn which is $2.00.

Initial\_\_\_\_\_\_\_

\*\*An additional cost 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\_\_\_\_\_\_\_\_\_\_

\*\*No Tolerance Rule for Bullying, Physical Violence, and Repeated Behavioral Issues\*\* Please note that any kid/s engaging in bullying (differentiated from normal kid behavior) and/or physical violence, or repeated behavioral issues will be suspended from camp 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 or excursion fees.

Initial\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Kid’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The Zen Life Center, Inc.**

**ASP RULES**

* Eat only in the kitchen area
* Wear your uniform every day or Zen Shirt & dobok pants on Fridays
* Say yes ma’am, yes sir
* No talking while instructor is talking
* No laying on the training area floor
* No running in hallways
* No hiding in bathrooms
* No horse play in the ASP rooms
* Enter the training area through the back door and bow before entering
* Absolutely NO bullying, hitting or aggressive behavior, disrespectful behavior
* No phones or games in the dojang during class time
* All snacks are $1 (popcorn $2)
* Clean up after your snack
* Must change in the bathroom
* Ask permission to use cell phones or games
* No screaming in the van
* Inside voices in ASP rooms
* No fooling around or talking during class
* Follow the signs for when you can talk, whisper, or have to be quiet
* Be respectful, kind and courteous
* Do not use your martial art training to fight or bully anyone
* Show respect to your parents & teachers
* 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 recycle bins.
* Be respectful in the vans and wear your seatbelt at all times.

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

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

**Emergency Release Form • ASP Contract**

*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 Information**

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

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

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

**In case of an emergency contacts**:

1: Name of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2: Name of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3: Name of contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Cell number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Work place:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Authorizations**

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,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby

Parent/Guardian Name

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**

The Zen Life Center 2019-2020 ASP Calendar

**School Start Date**: August 12, 2019 **End date**: May 27, 2020

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| **AUGUST 2019** |
| **M** | **T** | **W** | **TH** | **F** |
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| 12 | 13 | 14 | 15 | 16 |
| 19 | 20 | 21 | 22 | 23 |
| 26 | 27 | 28 | 29 | 30 |

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| **SEPTEMBER 2019** |
| **M** | **T** | **W** | **TH** | **F** |
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| 23 | 24 | 25 | 26 | 27 |
| 30 |  |  |  |  |

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| **OCTOBER 2019** |
| **M** | **T** | **W** | **TH** | **F** |
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| 21 | 22 | 23 | 24 | 25 |
| 28 | 30 | 31 |  |  |

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| **NOVEMBER 2019** |
| **M** | **T** | **W** | **TH** | **F** |
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| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

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| **DECEMBER 2019** |
| **M** | **T** | **W** | **TH** | **F** |
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| 23 | 24 | 25 | 26 | 27 |
| 30 | 31 |  |  |  |

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| **JANUARY 2020** |
| **M** | **T** | **W** | **TH** | **F** |
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| 27 | 28 | 29 | 30 | 31 |

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| **February 2020** |
| **M** | **T** | **W** | **TH** | **F** |
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| 24 | 25 | 26 | 27 | 28 |
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| **March 2020** |
| **M** | **T** | **W** | **TH** | **F** |
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| 23 | 24 | 25 | 26 | 27 |
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| **April 2020** |
| **M** | **T** | **W** | **TH** | **F** |
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| 20 | 21 | 22 | 23 | 24 |
| 27 | 28 | 29 | 30 |  |

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| **May 2020** |
| **M** | **T** | **W** | **TH** | **F** |
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| 18 | 19 | 20 | 21 | 22 |
| 25 | 26 | 27 | 28 | 29 |

|  |  |
| --- | --- |
| Monday, August 12 | After School Program begins (First day of school) |
| Monday, September 2 | **CLOSED** in observation of Labor Day (schools closed)  |
| Thursday, October 17-18 | All Day Camp (School is closed) 7:30am-6:30pm |
| Mon-Wed November 25-27 | All Day Camp (Thanksgiving break-Schools closed) 7:30am-6:30pm |
| Thurs-Fri, November 28-29 | **CLOSED** in observation of Thanksgiving  |
| Tues-Thurs, December 17-19 | Early Release Days (ZLC will pick up the students early) |
| Friday, December 20 | All Day Camp (Schools closed) 7:30am-6:30pm |
| Monday, December 23-27 | **CLOSED** in observation of Christmas |
| Wednesday, January 1 | **CLOSED** in observation of New Years |
| Thursday, Dec, 30-31; January 2-3 | All Day Camp (Winter Break Camp) 7:30am-6:30pm |
| Monday, January 20 | All Day Camp (Martin Luther King Day- Schools closed) 7:30am-6:30pm |
| Monday, February 17 | All Day Camp (President’s day- Schools closed) 7:30am-630pm |
| Friday, March 13-20 | All Day Camp (Spring break- Schools closed) 7:30am-6:30pm |
| Friday, May 22-27 | Early Release Days (ZLC will pick up the students early) |
| Monday, May 25 | **CLOSED** in observation of Memorial day |
| Wednesday, May 27 | Early Release Day (ZLC will pick up the students early) – **Last Day of School** |
| Thursday, May 28-29 | **CLOSED/ SUMMER CAMP BEGINS** |