

PLEASE PRINT THE FOLLOWING INFORMATION AND SUBMITT TO COMPETITIVE EDGE

Child's Name: _____ Parent/ Guardian: _____

PLEASE INITIAL ON THE LINE AFER EACH ITEM SIGNIFYING THAT YOU UNDERSTAND OUR POLICY FOR EACH AREA.

- 1. All Paperwork and Membership must be current in order for your child to attend our After School Karate programs. _____**
- 2. Deposits / Tuitions are non-refundable and non-transferable./ No Refunds _____**
- 3. After School Karate payments are due the 1st of every month. Your child will not be able to attend if payments are not received. _____**
- 4. Our After School Karate Program (ASP) has a set monthly fee based on an average for the school term (same payments September – June whether you come 1 or 25 x's in the month) _____**
- 5. Payment received after the 5th of the month will incur a \$25.00 late fee. _____**
- 6. A current physical examination form filled out and signed by a doctor must be turned in before the child can start the program. _____**
- 7. Any changes to your child's schedule must be submitted in writing 30 days prior to the change (Example: Termination). No verbal notification will be except. _____**
- 8. There is a \$200 early cancellation fee if you terminate your contract before the end of the school year (Your last required payment is for the month of June) _____**
- 9. A late pick up fee of \$1.00 per minute per child will be charged for picking up your Child after the time established by your enrollment (pick up on or before 6:00pm) _____**
- 10. All items must have child's name clearly written on them (uniforms, coats, etc..) _____**
- 11. Children must have a clean uniform to wear each day and should be taken home and cleaned weekly _____**
- 12. Uniform must be purchase from Competitive Edge and you must have 2+ uniforms _____**
- 13. If needed, Parent must provide booster seats for their child _____**
- 14. Competitive Edge must be contacted (Text or Call Sharon 215-817-4797) if your child will Not be attending the ASP _____**
- 15. Notify your child's school of which days the Competitive Edge's van will be picking them up _____**

Initial & Date: _____

Lost or Broken Item

I, _____, the parent/legal guardian of _____, who is my minor child, hereby give permission for my child hereby agree to be aware that toys, games, electronics, and or any other items of value are not to be brought to competitive Edge. I am aware that to competitive Edge will not be held responsible for lost, broken, or stolen items brought from home to school.

Photo Release

I, _____, the parent/legal guardian of _____, who is my minor child, hereby give permission for my child's image, photograph, or other reproduction to be taken without reimbursement for the sole purpose of advertising competitive Edge.

Parent /Guardian Signature: _____ Date: _____

Competitive Edge's Behavior Policy

The following actions are considered violations of the Behavior Policy:

- *Disrespect to other children.*
- *Disrespect to staff/volunteers.*
- *Inappropriate language.*
- *Fighting/Physical altercation.*
- *Any behavior deemed inappropriate by staff.*

Consequences:

- *Any violation of the Behavior Policy will result in a write-up.*
 - *3 write-ups will result in automatic 1 day suspension.*
 - *Fighting will result in an automatic 2 day suspension.*
 - *Continued infractions may result in further disciplinary actions, including terminations*
 - *There are no refunds for the time missed due to suspension.*
- By signing, I acknowledge that I understand the policy.*

Parent Signature Date

Child Signature Date

COMPETITIVE EDGE'S BEHAVIOR MANAGEMENT PLAN

Our goal is to provide a safe environment for children to develop a healthy spirit, mind and body. We believe that children should make their own choices and take responsibility for their actions. Our policy is that behavior management is a function of engaging children in meaningful and stimulating activities which focus on positive role models, in addition to promoting respect for one's self and others in a climate of acceptance and fairness.

Acceptable Behaviors

- Based on the Golden Rule: "Treat others as you would want them to treat you."
- Children will respect the rights and feelings of others and will avoid disruptive behavior that would interfere with activities.
- Aggressive behaviors such as excessive force, verbal put-downs, and bullying will not be tolerated. Children will follow all directions given by the Instructors regarding safety procedures and will stay with the group for all scheduled activities.
- Children will respect the private property of others and will understand that stealing or vandalizing the property of others will not be tolerated.

Behavior Management Procedures

Step 1: When a problem arises which threatens the health or safety of him/herself, other children or staff, the staff will take immediate action to stop the behavior and inform the child of the disciplinary action that will be taken. If the severity of the inappropriate behavior warrants, or the child cannot be controlled in the area, it may be necessary to temporarily remove the child from the situation. The Parent/Guardian will be notified and we will work together with the child to correct the inappropriate behavior.

Step 2: A call the parent/guardian to discuss the continuing inappropriate behavior. Should the behavior continue, the child will be suspended from the program. A conference between site staff, the program director, and the parent/guardian may be scheduled at this time.

Step 3: The Program Director will inform the parent/guardian (via phone call) of a three-day suspension for the continuing inappropriate behavior. No care will be provided by Competitive Edge. The parent/guardian remains responsible for paying all fees for that month. A written letter will be sent home outlining the suspension.

Step 4: After a third call from the Program Director has been made, and there have been several unsuccessful attempts to correct the child's behavior, the Program Director will notify the parent/guardian that the child is withdrawn from the Competitive Edge After school program. Written notification will follow.

***When a child's inappropriate behavior is extremely persistent in that it takes too much attention away from the needs and safety of the other children or the behavior is too violent, the possibility of suspending or dismissing the child from the program may be considered immediately. This decision is an important and difficult one to make. It will be carefully considered and discussed before action is taken.

I have read and understand the Behavior Management Policy.

Parent/Guardian Signature Date

Rules and Etiquette:

- Students should always pull out their attendance card before participating in class.
- Always address instructors and assistant instructors as “Mr.” or “Ms.”
- Always respond to instructors and assistant instructors with “Sir” or “Ma’am” at the end of your response.
- When entering or leaving the training floor, you should always bow to the flags. (This teaches respect for the school and put the student in the proper mind set for training)
- You are not allowed to drink, chew gum, or wear jewelry on the training floor.
- When you meet your instructor or when leaving your instructor’s office, you should come to attention and bow politely from the waist.
- Conversation is not permitted while instructor is teaching.
- When given something from your instructor, always bow and receive with both hands.
- All nails must be neatly trimmed, uniform clean, and hair pulled back out of eyes.
- When you need to straighten your uniform, always turn away from the flags, your instructor, and senior black belts.
- Junior members must always respect senior members. Senior members must always help junior members.
- Shoes and gear bags should be placed in the cubicles.
- Students must respect all other students and their possessions.
- The school will not be responsible for lost or stolen articles. You must safeguard your personal belongings.
- Please be on time and loosen up before class. Try arriving approx. 10 minutes prior to class starting.
- No shoes on the mats.
- Students must help to keep the dojang (gym) clean.
- Members are always welcome to make suggestions for the improvement of the Academy.

AFTER SCHOOL KARATE PROGRAM INCLEMENT WEATHER POLICY FORM

Child' Name: _____

School Site: _____

Check those that apply:

_____ My child attends Competitive Edge's After School Karate Program

In the event of an early dismissal closing:

_____ My child will be sent home on the school bus, Bus no. _____.

_____ My child will be sent home with the walkers.

_____ My child will be sent him via car pool.

I understand that in the event of inclement weather the Competitive Edge reserves the right to close. I understand that on days of early dismissal I may be called to pick up my child by a certain time other than our traditional time.

Parent/Guardian's Signature Date

If you have any additional concerns, please contact:

(215) 817-4797 or (215) 283-5258

- Competitive Edge 's After School Program operates on the Upper Dublin School District calendar. Our program will be closed on all school closings due to inclement weather.
- Check Competitive Edge's Facebook page and website for any closing due to weather conditions.

**CHANGE OF SCHEDULE FORM
After School Karate Program**

To: _____

Child's Name: _____

School: _____

From: _____

Date: _____

Please note the following to Competitive Edge Roster: (circle where needed)

ADD / CHANGE / TERMINATE / OTHER: _____

After School Karate Program

**If you have any additional concerns, please contact: (215) 283-5258
Attendance (absences) information needs to be texted to (215) 817-4797**

Our After School Karate Program (ASP) has a set monthly fee based on an average for the school term (same payments September – June whether you come 1 or 25 times in the month)_____

***Note: All rates listed above are subject to change with a 30 day notice**

**** Any changes to your child's schedule must be submitted in writing 30 days prior to the change (Example: Termination). No verbal notification will be excepted._____**

***** No Refunds**

****** . There is a \$200 early cancellation fee if you terminate your contract before the end of the school year (Your last required payment is for the month of June) _____**

******* Send a letter to your child's school notifying them of your change of schedule.**

Date _____ Parent Initial _____

CREDIT CARD AUTHORIZATION FORM

I authorize Competitive Edge to charge my credit card for the following service. I understand That my card will be charged on the 1st of each month for the After School Karate Program during the 20__ - 20__ School year.

Program Participant’s Name: * _____

Participant’s Member#: * _____

School: * _____

Date(s) of Participation: _____ Thru _____

Program Fee: * _____

Cardholder Name: * _____

Credit Card Type: Mastercard / Visa / Discover

Card Number: * _ _ _ - _ _ _ - _ _ _ - _ _ _

Expiration Date: * _ _ / _ _ 3 Digit Code _ _ _

Cardholder Signature Date

Cardholder Name (print)

Address:

****Items must be completed***

MONTHLY RATES (School Yr ____ - ____)

Elementary & Middle School	1st Child	2nd Child	3rd Child
After School (4 –5 Day Week)	\$_____	\$_____	\$_____

*Note :

- There is an annual \$100 Registration fee.
- All rates listed above are monthly rates subject to change with 30 days notice.
- Our ASP has a set monthly fee based on an average for the school term (same payments September – June whether you come 1 or 25 times in the month)_____
- Any changes to your child’s schedule must be submitted in writing 30 days prior to the change. (Example: Termination). No verbal notification will be excepted._____
- There will be No Refunds._____
- There is a \$200 early cancellation fee if you terminate your contract before the end of the school year (Your last required payment is for the month of June) _____
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***Holiday / In-service Camp & Drop In Care:**

DAILY RATES 9:00am – 3:30pm (\$_____ / Child + Field Trip money)

****Half Day Fee:** \$_____ / Child + Field Trip money

AFTER SCHOOL KARATE PROGRAM - FEE SERVICE AGREEMENT

- I am enrolling my Child _____, to begin enrollment on _____, for the 20__ - 20__ - school year.
- Fee Amount _____ / Additional Time Cost ½ Hr or Hr _____ / Payment Due Date _____ / Late Fee Amount \$1.00 per minute per child Reduce Rate for Additional Siblings Yes or No
- Email Address _____ / Phone # _____
- Address _____
- Date Of Birth _____ / Grade (20__ - 20__ school year) _____
- Persons designated to whom my child may be released (need name, address & phone number)
 - _____
 - _____
 - _____
- My Child attends Upper Dublin FWES / TFES / MGES / JES / **Other** _____
- Circle days of attendance: M – T – W – Th – F
- Competitive Edge Martial Arts After School Karate Program operates on the Upper Dublin School District calendar. Our program will be closed on all school holidays and school closings due to inclement weather. The program will begin on September ____, 20__ and will continue to the **last full day of school**. _____
- If there is a need to drop or add days you must contact the Programs Directors in advance in writing and receive approval in writing before such care may begin/end. _____
- I agree to pay for Competitive Edge Martial Arts After School Karate Program according to the assigned schedule, including any additional fees for extending time beyond the scheduled time. _____
- I received complete written program information at the time of enrollment. _____
- I agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at minimum. _____
- Our After School Karate Program (ASP) has a set monthly fee based on an average for the school term (same payments September – June whether you come 1 or 25 times in the month) _____
- There is a _____ charge for belt and stripe testing.
This fee will cover the cost of belt / stripe and boards. _____

My **Payments will begin on September**____, - **20**____ and **End After June's payment is pulled**. All payments thereafter will be paid on or before the first of each month as long as my child is enrolled. Payment will be made to Competitive Edge Martial Arts Training Center (ASP) at 874 Welsh Rd, Maple Glen PA 19002.. You may also **make payments using our automatic withdraw service from your credit or debit card.** _____

I understand that the above fees were established as part of the budget preparation, that fees generally will be adjusted at the beginning of the year to compensate for increase operating expenses. Any adjustments in fee will be communicated to parents at least one month in advance. _____

I understand that a **late fee of \$25** will be charged for payment received by the Competitive Edge any later than the 5th of the month. Further it is my understanding that outstanding payments in excess of one week will result in discontinuation of future attendance until payments are up to date. _____

A fee of **\$35 for each check returned for insufficient funds** will be charged and will be collected by the following schedule payment date. I understand that the following two checks returned for insufficient funds, future payments must be paid in cash or money order. _____

Competitive Edge Martial Arts After School Karate Program ends at 6:00 PM each day. I understand that if I arrive after the program ends to pick up my child, I will be required to pay an additional fee of \$1.00 for each minute of lateness per child. I understand that I must pay the fee by the next tuition payment. *****Lateness is applied at the discretion of the staff member in charge.** _____

A \$100 registration / sign up fee is required at the time of enrollment _____

I understand that a **30 day written notice is required** to withdraw my child from the program. _____

There is a \$200 early cancellation fee if you terminate your contract before the end of the school year (Your last required payment is for the month of June) _____

It is my understanding that there are no reductions in fee for normal illness (of children or parents) or other situations of personal leave that prevents attendance. _____

For situations which develop that may prevent attendance for periods of longer than a month, I understand that such arrangements must be made in advance and pre-approved by the Director before adjustments to the financial agreement can be made. Such arrangements may result in the loss of reserved space for my child. _____

I understand that for this agreement, the Competitive Edge will provide the following:

Transportation / Snack time / games / quiet time for homework / Karate training

Signature of Custodial Parent / Guardian

Date

Signature of Custodial Parent / Guardian

Date

Signature of Program Director

Date