

**CHO'S TAEKWONDO
AFTER SCHOOL PROGRAM 2015 - 2016
ENROLLMENT APPLICATION**

Child Name:	Gender:	Date of Birth:	Telephone #:
Home Address (including subdivision):		City:	St: Zip:
School Name:		School Telephone #:	Grade:
Enrollment Date:	Days Enrolled (circle): Monday Tuesday Wednesday Thursday Friday		
I HEREBY GIVE PERMISSION TO HAVE MY CHILD TRANSPORTED BY AN AUTHORIZED EMPLOYEE OF CHO'S TAEKWONDO TO ATTEND THE AFTER SCHOOL PROGRAM.			
PARENT SIGNATURE REQUIRED: _____			
Parent Name & Address:	Home Tel. #:	Cell Phone #:	
	Work Tel. #:	Email:	
Parent Name & Address:	Home Tel. #:	Cell Phone #:	
	Work Tel. #:	Email:	
Emergency Contact Name & Address: MUST INCLUDE ADDRESS	Home Tel. #:	Cell Phone #:	
	Work Tel. #:		

**CHO'S TAEKWONDO
AFTER SCHOOL PROGRAM 2015 - 2016
ENROLLMENT APPLICATION**

Name of person(s) (other than a parent) to whom the child may be released:	Home Tel.#: Work	Cell Phone #:
2		

**CHO'S TAEKWONDO
AFTER SCHOOL PROGRAM 2015 - 2016
ENROLLMENT APPLICATION**

Name & Address of Child Physician (or an Emergency-Care Facility): MUST INCLUDE ADDRESS	Telephone #:	
Are your Immunizations current? It is on file at (Name School):	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your child have any allergies?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what allergies does your child have?		
How should we respond if he/she has an allergic reaction?		
Does your child have an existing illness? State Illness.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? State which.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is your child taking any medication?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, list all medications and dosage:		
Is the medication prescribed for continuous use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any side effects we should be alerted to? State side effects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<p>I AUTHORIZE YOU TO OBTAIN EMERGENCY MEDICAL CARE AND TO TRANSPORT MY CHILD FOR EMERGENCY MEDICAL TREATMENT.</p> <p>PARENT SIGNATURE REQUIRED: _____</p>		
<p>I acknowledge that Cho's Taekwondo After School Program may use photographs, video, and/or sound recordings of my child for any school purpose, including but not limited to marketing, promotional, publicity, or community awareness without compensation, and all film, negatives, recordings, and video are the exclusive and sole property of Cho's Taekwondo After School Program.</p> <p><input type="checkbox"/> DO NOT GIVE CONSENT TO PHOTOGERAPH MY CHILD.</p> <p>PARENT SIGNATURE REQUIRED: _____</p>		

**CHO'S TAEKWONDO
AFTER SCHOOL PROGRAM 2015 - 2016
ENROLLMENT APPLICATION**

Child Name:		
Add'l Emergency Contact Name & Address: MUST INCLUDE ADDRESS	Home Tel. #:	Cell Phone #:
	Work Tel. #:	
Add'l Name of person(s) (other than a parent) to whom the child may be released:	Home Tel.#:	Cell Phone #:
	Work Tel. #:	
Additional Comments:		