CHO'S TAEKWONDO
AFTER SCHOOL PROGRAM 2018-2019
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. #: Work Tel. #:	Cell Phone #: Email:		
Parent Name & Address:	Home Tel. #: Work Tel. #	Cell Phone #: Email:		
Emergency Contact Name & Address: **MUST INCLUDE ADDRESS**	Home Tel. #: Work Tel.#:	Cell Phone #:		

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

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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):	☐ Yes	☐ No
Does your child have any allergies?	☐ Yes	☐ 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.	☐ Yes	☐ No
Has your child had a previous serious illness or injury, or hospitalization during the past 12 months? State which.	☐ Yes	☐ No
Is your child taking any medication?	☐ Yes	☐ No
If so, list all medications and dosage:		
Is the medication prescribed for continuous use?	☐ Yes	☐ No
Are there any side effects we should be alerted to? State side effects.	☐ Yes	☐ No

I AUTHORIZE YOU TO OBTAIN EMERGENCY MEDICAL CARE AND TO TRANSPORT MY CHILD FOR EMERGENCY MEDICAL TREATMENT.

PARENT SIGNATURE REQUIRED:_____

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.

☐ **DO NOT GIVE CONSENT TO PHOTOGERAPH MY CHILD.**

PARENT SIGNATURE REQUIRED:_____

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

Additional Comments: