

**WEST AMERICA TAE KWON DO**

70 Lomita Drive  
Mill Valley, CA 94941  
415-383-4755



# West America After Care Enrollment Application

## STUDENT INFORMATION

\_\_\_\_\_ Date

\_\_\_\_\_ Student's Full Name \_\_\_\_\_ Grade in Fall 2015 \_\_\_\_\_ School Attending

\_\_\_\_\_ Home address, City, ST, ZIP Code \_\_\_\_\_ Date of Birth / Gender (circle one) M / F

\_\_\_\_\_ Parent Name(s) \_\_\_\_\_ Home Phone

\_\_\_\_\_ Parent email addresses \_\_\_\_\_ Cell / Work Phone

Does your child have food or activity restrictions, allergies, special needs, custody arrangements, medical or other conditions? If yes, please describe **in detail**.

*[Note: This information will be kept confidential; Attach additional documentation, if desired]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list Emergency Contact Information

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone number(s)

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone number(s)

**I request my child attend on these days (Afternoons 3:00 PM to 6:00 PM):**

- Monday
- Tuesday
- Wednesday (1:45 PM Pick-up by West America)
- Thursday
- Friday
- Drop-in Basis Only

Person authorized to pick up my child or children at any time (Other than parents):

\_\_\_\_\_ Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_ Phone number(s)

\_\_\_\_\_ SIGNATURE \_\_\_\_\_ DATE

Please submit application in-person at the dojo. Thank you!