

# 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 2017	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]

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### Please list Emergency Contact Information

Name	Relationship to Student	Phone number(s)
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### I request my child attend on these days (Afternoons 3:00 PM to 6:00 PM):

- |  |   |
|--|---|
| <input type="checkbox"/> Monday                                      | <input type="checkbox"/> Thursday           |
| <input type="checkbox"/> Tuesday                                     | <input type="checkbox"/> Friday             |
| <input type="checkbox"/> Wednesday (1:45 PM Pick-up by West America) | <input type="checkbox"/> 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)
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SIGNATURE	DATE
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