

**AFTER SCHOOL KARATE ACADEMY**

6950 LAUREL BOWIE ROAD

BOWIE, MD 20715

(301) 805-8721 MAIN

Dear Parents,

**Summer Camp** is here and we have some great activities planned to keep your child engaged and having fun throughout the Summer. You will find a copy of the academy policies, fees and registration details, and all forms needed for complete registration attached.

**Forms to Complete**

**Copy of Immunization records** *required*

Physician's medication authorization (*If applicable*)

Asthma Action Plan (*If applicable*)

Signed copy of ASKA policies

**Student Health History Form** *required*

**Completed Child Care Agreement forms** *required*

ASKA code of Conduct

**\*\*Please note that before your child(ren) can be fully enrolled, the forms above must be completed, signed and returned to the Front Desk, and registration fees must be paid in full.**

Students attending ASKA Summer Camp are required to bring the following daily:

- Water bottles for park days and field trip days
- Lunch (no items will be warmed/cooked utilizing the microwave)
- Snack (for AM snack time, as PM snack will be provided by ASKA)

We will also go to the splash park weekly, have craft days, virtually travel to spaces not yet open to the public and learn karate. **SPACE IS LIMITED - so sign-up TODAY!**

Feel free to call or visit us at the Academy if you have any questions! Visit us online at [www.KatateAcademyBowie.com](http://www.KatateAcademyBowie.com).

Sincerely,

After School Karate Academy Team

**AFTER SCHOOL KARATE ACADEMY ENROLLMENT PACKAGE**

**Summer Camp Package**

**Child Care Agreement to Begin Care**

**Purpose:** The purpose of this agreement is to state the basic rights and responsibilities of the parent/guardian and ASKA in the on-going care arrangements for the child(ren). This agreement is based on the premise that care of the child(ren) is supported by clear understanding and continued communication between the parent/guardian and ASKA.

This agreement to provide child care in exchange for monetary compensation is between ASKA (identified below) and the parent/guardian(s) of:

Child(rens) Name(s)	Child(rens) birthdates:
Parent/Guardian Name(s)	Provider Name: ASKA
Home Address	Provider Address: 6950 Laurel Bowie Road Bowie, MD 20715
Telephone Number(s)	Provider Contact Number: 301-805-8721 main 301-805-8700 2 <sup>nd</sup> line EMAIL: <a href="mailto:ASKAbowie6950@gmail.com">ASKAbowie6950@gmail.com</a>
Email Address(s)	Contact Name: Hamid Shahraki

ASKA does not discriminate against anyone on the basis of race, sex, color, creed, national origin, disability, ancestry, or sexual orientation. ASKA reverses the right to refuse admission to the facility for enrollment based on the staff availability and needs of the prospective enrollee.

**Standards of Care**

ASKA agrees to uphold the standards of care based on the State of Maryland Licensing and Compliance Offices for Childcare. ASKA will be responsible to ensure up to date licensing is available upon request. ASKA will maintain cleanliness and operational standards conducive to State mandates for childcare centers.

**Terms of Agreement**

This agreement shall be in effect for \_\_\_\_\_ months from the date of signing by the parties or until (date) \_\_\_\_\_. If a new agreement is not signed by the date and the child(ren) remains in care, the terms of this agreement shall continue in effect until parent(s) and provider sign a new agreement.

**Fees**

The fee for care will be \$\_\_\_\_\_ per week/month.

If the parent is receiving subsidy payments, the parent is responsible to pay the FULL amount of weekly tuition due, if the agency does not remit payment to ASKA within 14 business days for any reason. The co-pay will be calculated as 15% the weekly rate until provided with details of voucher/co-payment from the agency. The co-pay will be \$\_\_\_\_\_ per week/month.

Fees are due on the FRIDAY before care to be provided.

ASKA reserves the right to increase fees with 4 weeks' notice provided to parents/guardians via written notice.

*Other Fees Assessed*

<b>Drop In Fee</b> ( 2 days or less-weekly fee)	\$80/student per day
<b>One-time Registration fee</b> (non-refundable)	\$100/student
<b>Late Pick-Up Fee</b> (per occurrence)	\$2/minute
<b>Late Payment Fee</b> (per occurrence)	\$25/day late
<b>Returned check Fee</b> (per occurrence)	\$35/item

**Trial Period**

The first 1 week of care shall be a probationary period. During this period, either party may discontinue care with written notice. Termination of child care during this period will terminate this agreement. Parents/Guardians shall pay for days care was provided immediately due upon contract termination and within this week of trial.

**Termination of Care**

The parents/guardians and provider will make every effort to make the program work for each child, and to communicate and work together if there are concerns. Reason for termination of care include, but are not limited to:

- \*Availability of resources to meet the child's needs and parents/guardian's willingness to access them.
- \*Ability of ASKA to meet the child's needs.
- \*The impact of the child's needs/behavior on ASKA.
- \*Willingness of parents/guardians to work with ASKA.
- \*Custody issues.
- \*Failure of parents/guardians to fulfil their contractual agreement.
- \*Late or non-payment of fees
- \*Repetitive late pick-ups.

**AGREEMNT BETWEEN THE PARTIES**

By signing this contract, parents/guardians indicate that they have read the provider's policies and agree to follow them. ASKA reserves the right to make changes to policies without notice. A failure to enforce one or more terms of the is contract does not waive ASKA's right to enforce any other terms of this contract. In the event parents/guardians fail to pay the fees agreed to under this agreement, in addition to the right to termination of the provision of services, ASKA is entitled to recover the unpaid fees, together with reasonable attorney fees and costs incurred in enforcing this agreement. Disputes will be subject to resolution in the Circuit or Small Claims Court, as applicable.

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
ASKA, Director/Owner

\_\_\_\_\_  
Date

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**Registration Form**

STUDENT NAME	DATE OF BIRTH & GRADE ENTERING 2024/2025	<b>HOME ADDRESS</b>
1.		
2.		CITY _____ ST _____
3.		ZIP CODE _____

**PERSONAL INFORMATION**

PARENT/GUARDIAN NAME (LAST, FIRST)	PHONE NUMBER (CELL/HOME)	PHONE NUMBER (WORK)	EMAIL ADDRESS (REQUIRED)
*			
*			
EMERGENCY CONTACT	PHONE NUMBER 1 *	PHONE NUMBER 2	EMAIL ADDRESS
*			

**DESIRED WEEKS OF ATTENDANCE**

<input type="checkbox"/> June 17– June 21	<input type="checkbox"/> June 24 – June 28	<input type="checkbox"/> July 1 – July 5	<input type="checkbox"/> July 8 – July 12
<input type="checkbox"/> July 15 – July 19	<input type="checkbox"/> July 22 – July 26	<input type="checkbox"/> July 29 – August 2	<input type="checkbox"/> August 5 –August 9
<input type="checkbox"/> August 12 – Aug 16	<input type="checkbox"/> August 19 – Aug 23	Shirt Size – QTY	S M L XL   _____

\_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_ American Express

I, authorize ASKA to charge my credit card for the weeks of Summer Camp that I have signed up for:

Credit Card Acct# \_\_\_\_\_

Exp. Date \_\_\_\_\_ Zip Code \_\_\_\_\_ (3 digit) \_\_\_\_\_

**What ASKA Offers to all our students...**

- 
- Staff who are trained in CPR/AED, Early Childhood course work, Emergency Safety Standards, Health & Safety training, and all have valid fingerprinting and background checks completed.
- Regularly scheduled Karate Lessons with small class sizes.
-

**AFTER SCHOOL KARATE ACADEMY ENROLLMENT PACKAGE**  
Summer Camp Package

**REGISTRATION INFORMATION/DETAILS**

Fee Information

<b>Registration Fee (non-refundable)</b>	\$100.00	Due at registration
□ Weekly Tuition	\$220—February \$235---March \$245---April--Aug	Due Every Friday for the subsequent week
□ Daily Rate	\$80.00	Due the morning of drop-in
<b>Six Flags Field Trip</b>		
□ Students without a Season Pass	\$45.00	Ticket cost and transportation fee

AFTER SCHOOL KARATE ACADEMY POLICIES & PROCEDURES

Daily Hours of Operation: M – F 7AM – 6:00PM

**PAYMENT POLICY** – **Tuition and fees are due by the Friday preceding the week of attendance.** If payments are not received on Friday, the account is subject to a \$25 late penalty. If payment is not received by Monday at 12 noon (EST), I authorize ASKA to charge my bank account information on file (see signed agreement)

**CANCELLATION POLICY** – Please note that we require a two (2) weeks advance notice of intention to cancel attendance for any reason in writing. You may send this notice to [afterschool@karateacademybowie.com](mailto:afterschool@karateacademybowie.com) or provide a written notice in person to Hamid Shahraki.

**BAD CHECK FEE** - If your check for any payment under this contract is returned for any reason, the account is subject to a \$35 surcharge or the maximum amount permitted by law, and when applicable, a late fee payment charge will be assessed as well as any other charges permitted by law.

**PICK-UP TIMES** – It is required to sign your child in and out each day. ASKA closes promptly at 6:00pm Monday through Friday. If you are unable to pick-up your child(ren) by the scheduled time, please let us know in advance, if possible. A late fee of \$2 per minute will be assessed and is payable upon pick-up. If another person will pick-up your child(ren), contact us with the name of the individual and relationship to the child(ren). We will ask for valid ID for all individuals picking up your child(ren) **and** not listed on the Emergency Contacts list.

**ASKA Code of Conduct** – Please refer to the ASKA Code of Conduct addendum.

**Release of Liability** – Members and their guests attending the school and using any equipment, do so at their own risk. The institute shall not be liable for any damages arising from personal injuries sustained by members and guests, in, on, or about the premises of the institute. The institute assumes no responsibility for the loss of, or damage to, any personal property belonging to a member or guest while on the institute premises.

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**Governing Law** – This contract will be governed by the laws of the State of Maryland and the United States of America. If any part of this contract is unenforceable, this will not make any other part unenforceable. By signing this contract, you understand the policies and hereby agree to abide by all the policies and procedures.

X

\_\_\_\_\_  
Parent/Gaurdian Signature & Date

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## **ASKA Code of Conduct**

Karate Academy is committed to providing a safe, fun and learning environment by promoting respect, responsibility, discipline and excellence. As we know accidents and mistakes are prone to happen, therefore students will be guided to handle situations in a peaceful way. To ensure reaching these goals ASKA have set rules for students to follow. Students that react in disrespectful or violent manner will first be given verbal warnings.

Students that are given verbal warning but repeatedly offend with the same behaviors will be subject to the following disciplinary actions:

**1<sup>st</sup> Offense** – will result in a phone call to parent. No participation in group afternoon activities. Required to complete writing disciplinary assignment.

**2<sup>nd</sup> Offense** – will result in a phone call to parent for early dismissal. No participation in Friday activity or Parent's Night Out.

**3<sup>rd</sup> Offense** – will result in early dismissal and parent conference or 1-day suspension from ASKA.

**Final Offense** – will result in parent conference and 2-days of suspension from ASKA. This may incur dismissal from ASKA Camp altogether with discretion upon the Director.

Please sign below to indicate you and your student(s) have read, understand and agree to the ASKA code of conduct.

X \_\_\_\_\_

Parent/Gaurdian Signature & Date

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**Transportation Permission Slip**

I, \_\_\_\_\_ (Parent/Guardian Name) grant ASKA permission to transport my child(ren) listed below with the commercial vehicles under the supervision of ASKA employees to and from varied activities while attending Summer Camp for the duration of time between June 24– August 23, 2024.

Child's Name (Last Name, First Name)	Age	Car Seat Required – YES or NO

\*Please note ASKA does not provide a car seat and you will need to provide a car seat for travel if one is required.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date

**Photo Release Authorization**

I, \_\_\_\_\_ (Parent/Guardian Name) grant ASKA permission to photograph my child(ren) listed below for ASKA property and use to advertise, promote and display the activities and events that take place while at ASKA (weather activities are on campus or off campus) for the duration of time between June 24 – August 23, 2024.

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date



**YOUTH CAMP HEALTH HISTORY**  
**CAMPER**

Child's Name: \_\_\_\_\_

Current residence: \_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Emergency Contact  
(Parent or Legal Guardian): \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Emergency Contact  
(Other than Parent Above): \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician or  
other provider of medical care: \_\_\_\_\_ Phone: \_\_\_\_\_

**HEALTH INFORMATION:**

Are there any health problems including physical, psychiatric, or behavioral problems of which we need to be aware?  YES  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any medications, dietary restrictions, allergies, or special needs that we need to be aware of to ensure that your child's camp experience is positive?  YES  NO

YES, Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMUNIZATION INFORMATION:**  
**Must list current residence above.**

For campers who currently reside **within** the United States, a United States territory, or the District of Columbia: Does the camper have any immunization exemptions because of a parental or guardian objection or medical contraindication?  YES  NO

YES, List: \_\_\_\_\_

For campers who reside **outside** the United States, a United States territory, or the District of Columbia: Attach record of vaccination or immunity on Department form MDH-896.

Parent or Legal Guardian's Signature

Date