



Bridgewater Tae Kwon Do
416 King Street Suite D, Box C
Bridgewater, Nova Scotia
B4V 1A9

BRIDGEWATER TAE KWON DO After School Program and Summer Program

Choose the required program...

- BRIDGEWATER TAE KWON DO Summer Program
- BRIDGEWATER TAE KWON DO After School Program ***FULL TIME OPTION ONLY***
- BRIDGEWATER TAE KWON DO After School Program ***PART TIME OPTION ONLY***

Choose the required schedule for part time choice

Part time Monday, Wednesday & Friday

Part time Tuesday & Thursday

Part Time Other (please list) _____

Registration Check list...

(Your child is officially registered when the following steps are completed.)

Registration form completed and submitted

Health Questionnaire completed, submitted and up to date (immunization, health card and expiry date).

A signed parent agreement submitted

Custodial arrangements are on file where applicable

Fees have been paid and processed

Final page of Parent Policy Handbook completed / submitted



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Child's Full Name: _____

Start Date: _____

Date of Birth: _____

Parents/Guardians: _____

Address: _____

(Civic Address)

(Town)

(Province)

(Postal Code)

Home Phone # _____

Mother's Occupation: _____

Work Telephone: _____

Work Address: _____

Cell Number: _____

E-mail Address: _____

Father's occupation: _____

Work Telephone: _____

Work Address: _____

Cell Number: _____

E-mail Address: _____



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IN CASE OF AN EMERGENCY WHO SHOULD BE CALLED?

(IF YOU CAN'T BE REACHED):

Name: _____

Phone: _____

Relationship: _____

PERSONS AUTHORIZED TO PICK UP MY CHILD:

(Name) (Relationship)

(Name) (Relationship)

ARE THERE ANY PERSONS NOT AUTHORIZED TO PICK UP YOUR CHILD?

IF SO PLEASE EXPLAIN...

(Name) (Relationship)

(Name) (Relationship)

Social Behavior:

Has your child had any previous group time experience? _____

Previous childcare centre's attended, please list: _____

How would you describe your child's behavior in a group setting?



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CHILD'S HEALTH QUESTIONNAIRE

Child's Name: _____

Provincial Health Card#: _____ Expiry Date: _____

Physician and/or Clinic Name: _____

Address: _____

Telephone Number: _____

Has your child suffered any serious illness that we should know about?

Major Operations: _____

Problems with sight, hearing or speech? _____

Does your child tire easily? _____ Is your child easily excited? _____

Does your child have any allergies? _____

Are there any other comments or information that you feel is pertinent? _____

IMMUNIZATION RECORD Give Dates Y/M/D

	1 ST	2 ND	3 RD	4 TH	5 TH
DPTP					
HIB					
MMR					
TdP					
IB					
OTHER					

If no, please explain..._____



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PAYMENT FORM for Bridgewater Tae Kwon Do After School / Summer Programs

PLEASE COMPLETE THE FOLLOWING (PRINT):

First Name: _____ Last Name: _____

Address: _____

Town: _____ Postal Code: _____

Telephone Number: _____(h)

Payment can be made in the form of cash, cheque, credit card (at the club) or e-mail transfer to bwatertkd@gmail.com Receipts will be generated at the time of payment.

Cheques should be made payable to Vincent Wight Tae Kwon Do

- A \$ 25.00 administrative fee is charged on all NSF payments. Two NSF payments will result in suspension of program services.

- All fees must be up to date on the Friday prior to the following care week. Failure to comply with this will result in an NSF charge.

- Payments may be made weekly, monthly or by school term.

- To discontinue our After School Program / Summer Program services, I agree to give two weeks written notice prior to the next payment.

By signing this document, I acknowledge that I fully understand the payment policy and the discontinuation of service policy as stated above.

Parent/Guardian Signature

Today's Date

_____/_____/_____
month day year