

**XTREME MPACT MARTIAL ARTS**  
**1202 ANNAPOLIS ROAD, SUITE D**  
**ODENTON, MD 21113**  
**410.674.2077**



**REGISTRATION FORM**  
**After School Program 2017-2018**

**PARENT INFORMATION**

Parent's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Email#1: \_\_\_\_\_ Email#2: \_\_\_\_\_

**STUDENT INFORMATION**

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

What school does your child attend? \_\_\_\_\_

Grade in School: \_\_\_\_\_

\_\_\_\_\_

Parent's Signature

Date

## **AFTER SCHOOL PROGRAM RULES AND REGULATIONS**

### **Center's Drop Off and Pick Up Times:**

Xtreme Mpact wants to ensure your child's safety to and from our After School Program. Under the parent's permission, the Xtreme Mpact staff will drive and pick up your child from school. Be sure to inform your child or their teacher to not take the regular school bus and wait for the Xtreme Mpact van.

The latest time for parents to come and pick their children up from After School is 6 P.M. If you are late beyond this time, you will be charged a \$5 late fee. If class is extended or ends early, the parent will be notified to prevent any charges.

If an event occurs where your child needs to be picked up early from After School, such as a doctor's appointment or any emergency, please call ahead of time to come in contact with staff or leave a brief message of your name and your child's event and/or emergency.

### **Sick Child Policy:**

If your child is ill and can not attend After School, parents must call and inform Xtreme Mpact of your child's absence to prevent confusion or issues with pick up from school. If you can not come in to contact with staff, please leave a brief message stating your name, your child's name, and why your child will be absent.

### **Attendance Policy:**

Even if your child misses a day or more of the week for After School, parents are still required to pay their full weekly price for each child unless they are given authorization from Sensei Herman Macon. This policy stays in place from the beginning of the school year to the end.

### **Snack Policy:**

When your child(ren) come in, they will have snack time. Please prepare your child with a light snack for when they come to After School. Xtreme Mpact does not provide snacks or allows the sharing of food or drinks because of possible problems with allergies. Also, please do not provide them with candy as a snack. Children can be given candy with your permission after they are picked up from After School.

### **No Firearms, No Alcohol, and No Smoking Policy:**

Parents do not allow your child(ren) to bring any type of toy resembling a weapon to After School. This includes: Water Guns, BB Guns, Swords, etc. Also, parents, if you are in possession of an alcoholic beverage or cigarettes we ask that you please keep

such items off the premises when you come to Xtreme Mpact and most preferably away from the children. We do not permit drinking and/or smoking in front of our school.

**AFTER SCHOOL PROGRAM  
PARENTS ACKNOWLEDGEMENT F RULES/REGULATIONS**

I hereby acknowledge receipt of the Center’s After-School Rules and Regulations and policies. I further attest that I have reviewed the Discipline Procedures and Policies with my child(ren) and by signature below, we agree to abide by these rules and regulations.

I am aware of and agree to:

- The Center’s drop off and pick up times
- Sick Child Policy
- Attendance Policy
- Snack Policy
- No firearms, No alcohol and No Smoking Policy

\_\_\_\_\_  
Child’s Name

\_\_\_\_\_  
Parent’s Name

\_\_\_\_\_  
Parent/Guardian Signature (circle one)

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

Work #: \_\_\_\_\_

## STUDENT HEALTH HISTORY

Completion of the student health history is required for a student to be admitted to the Xtreme Mpac Martial Arts Summer Camp and After School Program. The following medical information form is to be used for the sole purpose of the complete safety of the student. This information is vital in case of emergency. Please complete this to the best of your knowledge.

### Emergency/Medical Information

Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_

Parent(s) Information:

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

*In case of emergency, if neither parent/guardian can be reached, call:*

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Does your child have any medical concerns? (If yes, please specify below.)

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

Does your child have any allergies? (If yes, please specify below.)

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

Do you have any concerns you wish to share about your child? (If yes, please specify below.)

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I have documented above all precautions and instructions regarding my child's medication or medical needs. I have noted any special health-related conditions or allergies regarding my child.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

### PERMISSION TO RIDE FORM

School Name: \_\_\_\_\_

I (We) hereby grant permission for \_\_\_\_\_

to ride to the after school program located at \_\_\_\_\_

on the following days:

Monday       Tuesday       Wednesday       Thursday       Friday

Students will be traveling in the following manner:

School Bus       Private Passenger Vehicle  
 Commercial Transportation       Other \_\_\_\_\_

- 1) I authorize after school program representatives to obtain medical treatment for my child in case of serious illness or injury and agree to pay for such treatment.

- 2) I understand that the certified after school program employee who usually dispenses medications may or may not be present during this trip. Medications will be dispensed by a responsible staff member.
- 3) I have documented below all precautions and instructions regarding my child's medication. I have noted any special health-related conditions or allergies regarding my child.

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone

\_\_\_\_\_

Alternate Emergency Contact

\_\_\_\_\_

Home Phone

\_\_\_\_\_

Work Phone