



MOTHER'S DAY OUT

INFORMATION: Designed with all parents in mind, we are committed to providing a safe, fun and loving environment for the kids to stay and play while you can have a few hours of uninterrupted "Me Time". Our program helps in building and improving your child's physical, social, emotional and mental development. We have a wide variety of activities, physical activities including relay races, games, hands-on activities, obstacle course, and board games. If your child has school work, we can help with that too. All the fun while practicing Respect, Focus, Confidence and Kindness.

SERVICE DAYS/TIMES: You can select 1 of the 2 options: Monday/Wednesday or Tuesday/Thursday. We have flexible time frame for drop off and pick up 8am-12pm.

NO SERVICE DAYS: No service on snow days, early release days due to inclement weather, winter break, spring break, summer break and excluding marked holidays. USK MARTIAL ARTS follows the district school calendar.

PARENT PICK UP: Your child must be picked up promptly in order to not interfere with our next program. Failure to comply to this policy will result in a fee of \$1/per minute due at the time you pick up your child. We may request photo identification before releasing your child to anyone not listed on your child's application form.

2020 COVID-19 PROTOCOL: We have added safety protocol and operations added to further enhance the safety of your child and the staff at USK. You will be required to sign a waiver and there will be a health screening including daily temperature checks prior to entering the building. We will continue to practice social distancing and the use of face covering is up to the discretion of the parents of the child. We do ask that face coverings are worn at least to the door and readily available in the event social distancing is not possible. Throughout the day we will open doors to increase ventilation (weather permitting). There will be signage throughout the building, frequent use of hand sanitizer and proper washing of hands for at least 20 seconds with soap and water. The facility will be cleaned and disinfected frequently especially in high touch, high traffic areas. This application and policies/procedures may need to be modified as we continue to monitor the situation in our community.

WHAT TO BRING: Additional items may be required as necessary. Place your child's name on each of their belongings.

- Tablet/IPAD to sign in for virtual to connect with your teacher/class. (If you have school work)
- Charger for device
- Cloth Face Covering readily available for when social distancing is difficult.
- Refillable Water Bottle as water fountains will be unavailable.
- Lunch and snacks. Sharing food is not allowed.
- Hand Sanitizer
- Backpack
- Toys to your child's preference. Any toys that suggest violence are not allowed
- Standard School Supplies so that students are not sharing supplies.

TUITION AND FEES: There is a 1-time nonrefundable registration fee of \$25 per child due at time of applying.
250/month for 1 child | \$350/month for 2 children | \$400 for 3 children
1 day drop in option: \$30 per child.

Tuition payment for the month is due the 1st week of each month or at first day of service. Payments made are nonrefundable and do not roll over or get credited to the following month for any missed days.

ALL SECTIONS BELOW MUST BE COMPLETED IN ITS ENTIRETY FOR YOUR APPLICATION TO BE PROCESSED. Please complete the application form entirely to complete registration process.

SECTION I. [PLEASE PRINT CLEARLY]

1. Child's Name: _____ M / F Birth date: ___/___/___

2. Child's Name: _____ M / F Birth date: ___/___/___

3. Child's Name: _____ M / F Birth date: ___/___/___

Mom's Name: _____ Driver's License #: _____

Dad's Name : _____ Driver's License #: _____

Mom Cell Phone#: _____ Dad Cell Phone#: _____ Primary Contact: Mom / Dad

Home Address: _____

Email Address: _____ Secondary Email: _____

Emergency Contact (other than parents): Name: _____ Phone #: _____

Name(s) of person(s) authorized to pick up Student: _____

SECTION II. ALL SECTIONS BELOW MUST BE COMPLETED IN ITS ENTIRETY FOR YOUR APPLICATION TO BE PROCESSED

There is a 1-time nonrefundable registration fee of \$25 per child due at time of applying. 250/month for 1 child | \$350/month for 2 children | \$400 for 3 children | 1 day drop in option: \$30 per child.

Card Type: _____ (Amer. Expr NOT accepted) Cardholder Name: _____

Card Number: _____ (MUST BE VALID)

Expiration Date: (Month/Year) ___/___ Zip Code: _____ CVV CODE: _____

*If payment is not submitted otherwise by due date, the card on file will be used to process payment. Card on file will also be used incidentals and late pick up fee. It is the cardholder's responsibility to keep card on file up to date and in good standing.

IMPORTANT PAYMENT NOTICE/POLICIES: If payment is not made by Monday Morning of the instructional day; your enrollment may be disrupted until payment is made. (If the 1st day of service is a day other than Monday, payment is due the first day of attendance that week. There is NO grace period) your prompt payment is always appreciated.

-There is a \$25.00 service charge for each returned check. Resubmission of payment must be in cash or money order.

-A 3% convenience fee will be added for the use of any and all card transactions.

-Paid amounts CAN NOT be rolled over to another payment or be used as credit towards anything in the future. You will forfeit the amount paid if you do not attend that day.

-Any payment received after Monday will have a \$5.00 late fee. If the biweekly/monthly payment carries over to the following week without being paid, in addition to the original \$5.00 late fee; a \$10 penalty fee will be added for each week it carries over.

NOTE: NO Refunds. We advise that you keep all of your receipts for your records. **Initial here X:** _____

I, _____, understand that US-K Martial Arts is a Martial Arts School and NOT a daycare facility. Their intent is to provide supervision during the stated times of the program. I understand that US-K Martial Arts is a Martial Arts school offering a new service known as Mother's Day Out that I am voluntarily participating in. **Initial here X:** _____

_WAIVER AND RELEASE: You, buyer and Student, agree that you are aware that the Student is engaging in physical exercise, and use of equipment, use of the School's facilities, training and instruction, which could cause injury to Student. Student is voluntarily participating in these activities and Buyer and Student assume all risks of injury to Student, which may result. Buyer and Student hereby waive and release any claim or right to sue the School, employees or agents for injury to Student, which may result. Buyer and Student have carefully read this waiver and release, and fully understand it is a release of all liability and damage of the School for any injury. The School will make no evaluation or recommendation whether Student or Guests are sufficiently physically fit for any exercise activities. It is always advisable to consult your physician before undertaking a physical exercise program, particularly Martial Arts activities. I hereby agree to all terms and submit my application for the martial arts program contracted. By doing so, I release all liabilities (medical/otherwise) within this waiver from the programs offered at US-K Martial Arts. Furthermore, I waive all claims of liability or other against any person, individual/staff of US-K Martial Arts. I have given all information associated with my child/myself as required. US-K Martial Arts will not be held responsible for accidents/other actions involving transportation, teaching, or actions that result from neglect or improper behavior by my child or myself. **Initial here X:** _____

_ LOSS/DAMAGE/THEFT OF STUDENTS PROPERTY: The School does not assume any responsibility for the loss, damage or theft of any property belonging to the Student. Student agrees that the School and its personnel are not responsible for or liable for any such property even if its loss, damage or theft occurs on or about School's facility. **Initial here X:** _____

_ I am responsible for notifying US-K Martial Arts promptly if/when my child will not be attending US-K for the day, will be dismissed early, or picked up early from school. Three to five consecutive weekdays constitute a "full week". There will be no roll over dates or credit into any future weeks for unattended days that have been already paid for. All funds and payments are non-refundable, including reserved weeks and also on payments already made or for time not attended due to spaces being reserved. Initial here X: _____

All funds and payments are non-refundable, including reserved weeks and also on payments already made or for time not attended due to spaces being reserved. I understand that US-K Martial Arts has the right to deny their services to anyone. I understand that these policies set forth will be enforced strictly in order to operate a smooth Mother's Day Out program. No Exception. **Initial here X:** _____

I have been provided, reviewed and understood application form and information page. **Initial here X:** _____

I have been provided, reviewed and understood the COVID-19 Waiver and forms. **Initial here X:** _____

Parent/Legal Guardian Signature _____ **Date:** ____/____/____

SECTION III. Medical Transcript for After School

Doctor: _____ Date of Last Exam: ____/____/____

1.) List any illnesses/disabilities your child may have:

2.) List allergies (including insect bites, foods and medication):

3.) My Child will need medication and US-K Staff is authorized to administer the following drugs ONLY:

a.) _____

b.) _____

I approve the use of basic first aid and agree to all of the completed information.

Parent/Legal Guardian Signature _____ **Date:** ____/____/____

EPI PEN ADMINISTRATION PERMISSION FORM (SKIP if this does not apply to you)

My child has been prescribed an EPI PEN by their Physician. I hereby give USK Martial Arts permission to administer an EPI PEN to my child, if needed.

List any symptoms USK Martial Arts needs to watch to administer an EPI PEN due to an allergic reaction:

I approve USK Martial Arts to administer EPI PEN medication if needed.

Parent/Legal Guardian Signature _____ Date: ____/____/____

SECTION IV. Additional comments: (anything you'd like to share about your child, strengths, struggles, goals etc)

Assumption of the Risk and Waiver of Liability Relating the Coronavirus/Covid-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people. USK MARTIAL ARTS has put in place preventative measures to reduce the spread of COVID-19; however, the facility cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending the facility could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending the facility and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at the facility may result from the actions, omissions, or negligence of myself and others, including, but not limited to, facility employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the facility or participation in facility programming ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless USK Martial Arts, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of the facility, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any USK MARTIAL ARTS program.

Student Print Name: _____ Date: _____

Student Signature: _____ Date: _____

Parent/Legal Guardian Print Name: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

COVID-19 Prescreening Questionnaire

Please indicate your answers below to the following questions. Due to the ongoing COVID-19 Pandemic, all students are required to complete this form prior to entering USK Martial Arts locations. Your visit is subject to approval upon completion of this form. Effective immediately, these rules are being enforced to keep our students and staff as well as the rest of your loved ones safe and healthy.

1. Have you or anyone in your household had any of the following symptoms in the last 14 days: sore throat, cough, chills, body aches for unknown reasons, shortness of breath for unknown reasons, loss of smell, loss of taste, fever at or greater than 100 degrees Fahrenheit? YES / NO
2. Have you or anyone in your household been tested for COVID-19 in the past 14 days? YES / NO
3. Have you or anyone in your household traveled outside the U.S. in the past 14 days? YES / NO
4. Are you or anyone in your household a health care provider or emergency responder? YES / NO
5. Do you have any reason to believe you or anyone in your household has been exposed to or acquired COVID-19? YES / NO
6. To the best of your knowledge have you been in close proximity to any individual who tested positive for COVID-19? YES / NO

If student answers "yes" to any question, their responses should be reviewed by a designated staff member to assess whether the student can keep the scheduled appointment. students will be contacted again after decision-making.

By signing below, you certify that the answers above are true. Failure to answer truthfully or withholding information intentionally will lead to immediate dismissal from USK Martial Arts and may be subject to applicable laws during this pandemic.

Student Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

Print Student Name: _____ Student temp: _____