



After School Care Program

Please complete the application form entirely to complete registration process. Please print clearly.
 Sorry, No Refunds. No Exceptions.

Services/ equipment (per child)	Fee	Notes
Annual Registration fee	\$90/annual	includes annual \$40 school maintenance fee
Afterschool FMDS /LCSD Dist.	\$98/week	392/mos
Afterschool CMS Dist.	\$85/week	340/mos
5 day Virtual Academy	\$170/ week	680/mos Semester Commitment
2 day ASP + 3 day VA	\$142/ week	568/mos Semester Commitment
3 day ASP+ 2 day VA	\$128/ week	512/mos Semester Commitment
5 day VA + 5 day ASP	\$210/ week	840/mos Semester Commitment
Sibling Discount	\$5 off 1 st sibling \$10 off 2 nd sibling	Discounted from standard 1 person rate
Additional Evening Martial Arts Classes	\$30/ week	No sibling discount. Afterschool/ Virtual Academy include classes. (This is for those who want more)
Teacher Workday Camp	\$30 (per day)	No sibling discount
1- or 2-day ASP Service	\$25(per day)	\$5 off per sibling
Standard White Uniform	\$70	
USA and KOREA Flag Patch Set	\$12	Purchased separately 4 weeks of starting at USK
US-K (non-camp) T-Shirt	\$20	
Spring Camp	\$205/week	
Spring Camp Registration fee	\$50 (annual)	
Summer Camp	\$195-\$250/ week	
Summer Camp Registration fee	\$50 (annual)	
Summer Martial Arts Classes	\$150/ mos	2 classes a week. Unused classes expire on 1 st day of school.
Color Belt Graduation Fees	\$55-\$105	Cycles 8-12 weeks. Must be eligible to test
Sparring Equipment	\$260 female \$270 male	Age 7 & up. Must be at least white/yellow belt
Annual Tournament	\$70 (for 2 events)	2 x a year

BALLANTYNE:
 11930 Providence Rd W
 Ste C1 Charlotte, NC
 28277
 704.540.4224

FORT MILL:
 506 Mercantile Place
 (Ste 102)
 Fort Mill, SC 29708
 803.802.4999

WEBSITE:
USKMARTIALARTS.COM

AFTER SCHOOL CARE PROGRAM INFORMATION

USK MARTIAL ARTS After School Care Program is for grades Kindergarten through 5th Grade. Middle School students may qualify dependent on which school he/she attends. Our After School Care Program is Open Monday-Friday from 2:30pm- 5:30pm. Teacher workday services will be available on need basis. After School service is provided for half day service. We have daily quiet time to allow students to complete homework and reading. Martial Arts classes are 30-45 min and take place 2-3 times a week. Activities will include structured indoor teamwork encouraging games, fitness drills, academic support, free play, and foreign language.

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.

TRANSPORTATION

You will need to notify your child's school/teacher of his/her "Change of Transportation" prior to the first day of after school service. USK Martial Arts will not be able to verify pick up until first, the parent has confirmed with the school. USK Martial Arts provides transportation to the list of schools we provide service. Some schools may vary. Our vehicles are branded with our logo and contact information. Our drivers are USK staff members and have a roster to do a daily attendance check.

PARENT PICK UP

Pick up can be as early as 4:30pm to ensure that your child has had time to work on homework and complete their activities for the day. After School Care ends at 5:30pm. Please be prompt with pick up. \$1/minute is the late pick up policy and due upon pick up that evening. Add a \$20 weekly fee option for late pick by 6:00pm.

PROCEDURE FOR WHEN YOUR CHILD WILL BE ABSENT FROM AFTER SCHOOL

You will need to call the USK After School Program at 803-802-4999 (you may send an e-mail) before 2:00pm if your child will not be attending after school for that day. This ensures that our staff can arrive to the next school on time. When a child does not show up for After School on his/her scheduled day, and we have not received a note or a phone call informing us of his/her absence, the following steps will be taken to help locate your child:

1. We will check with the teacher/office to find out if he/she was absent or signed out early that day.
2. We will attempt to contact the parent to confirm the child's location/absence.
3. We will wait for as long as it does not impact the next route of pick up.
4. We will continue to contact the parent.

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 temperature checks. The use of face covering is optional. We may ask that face coverings are worn during the bus ride. We will open windows to increase ventilation (weather permitting). There will be frequent use of hand sanitizer and washing of hands for at least 20 seconds with soap and water. The facility and buses will be cleaned and disinfected frequently especially in high touch, high traffic areas. Students are required to bring their own refillable water bottle.

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

SECTION I.

School Dismissal Time: _____ Name of School Your Child Attends: _____

[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: ____/____/____

Parent/Legal Guardian Name(s): _____ Driver's License #: _____

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

Home Address: _____

Email Address _____ Secondary Email Address _____

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

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

SECTION II. Fees are listed for single student.

Registration Fee: \$90 **Weekly Rate:** \$98 1st child **Drop-in service:** \$25 per day/ per child

Payment Schedule: Monthly (other payment schedule may be available upon special request)

Extra Service available: Late pick up @6:00: \$20 per week/per child

PLEASE NOTE: To reserve your place weekly, payment is due on the Friday preceding the week of attendance. With a Credit Card guaranteed payment you will have a grace day, which is on Monday. If there is no credit card on file, there is no grace day. **You will lose your place in the program if absent for 2 weeks without prior arrangements made at the office.** 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.

A 3% convenience fee will be added for the use of any and all card transactions. I understand the above policies will be enforced.

I am to provide and maintain a current credit card on file at all times and inform the staff of any payment updates/changes.

In the event of a nonpayment by the due date, I authorize my credit card to be charged for the amount due plus late fees.

Initial here X: _____

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

Card Type: _____ (Amer. Expr NOT accepted) Card Number: _____ (MUST BE VALID)

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

PICK UP POLICIES: Pick up time for the Afterschool Care Program is between 4:30-5:30pm. Unless the late pick up \$20/weekly option has been added on, there is a **late pick up fee of: \$1 for every minute** (after 15 min grace period). Please be prepared to pay upon pick up. NO Exceptions! NO Excuses! We try very hard to accommodate your needs, but we must have guidelines to make everything run smoothly at USK Martial Arts. Please help us to better serve all of our members. Thank you.

IMPORTANT PAYMENT NOTICE/POLICIES: If payment is not made by Monday; we cannot provide service 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.
- There is a 1-month buyout if you choose to discontinue Afterschool service. You must provide written notice 1 month in advance.
- 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 Afterschool that day.
- Any payment received after Monday will have a \$5.00 late fee. If the due 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/ tutoring center. Their intent is to teach martial arts physical and philosophical character-building skills. I understand that US-K Martial Arts is a Martial Arts school and a drop-in facility and that as such, my child(ren) is/are free to come and go and if my child(ren) are to stay at their facility, it is because of my direction and not the school's. I am to have my child picked up no later than 5:30PM unless other arrangements have been made with the US-K Staff. If I am to be later, an automatic \$1 penalty will be applied to my payment per minute I am late after the 15 minute grace period (5:45pm). 1 month cancellation notice is required and you are still responsible for the month buyout. All payments must be made on time and I am aware that I may be penalized for any late payments. I also understand that this is a martial arts program and not a daycare. **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 waiver 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 after school care program. No Exception. **Initial here X:** _____

I have been provided, reviewed and understood the after school parent packet. **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.) _____

c.) _____

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:** ____/____/____

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: _____