



JEONG'S FAMILY TAEKWONDO

A+ AFTERSCHOOL PROGRAM

2025–2026 A+ Afterschool Program Registration

38a Secord Dr, St. Catharines, ON, L2N 1K8

Tel: (905) 938-3232

Email: jeongsfamilytkdhs@gmail.com

* CHILD(REN) INFORMATION

	1st Child	2nd Child	3rd Child
Full Name			
Date of Birth			
Car Seat (Please check)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allergies/ Medical Conditions			

* PARENT / LEGAL GUARDIAN INFORMATION

1.Full Name: (Mr./Mrs./Ms./Miss)		Relationship to Child:
Address:		Postal Code:
Email:		
Primary Contact Number:	Secondary Contact Number:	
Occupation: (Optional)	Employer: (Optional)	

2.Full Name: (Mr./Mrs./Ms./Miss)		Relationship to Child:
Address:		Postal Code:
Email:		
Primary Contact Number:	Secondary Contact Number:	
Occupation: (Optional)	Employer: (Optional)	

****NOTE: IF APPLICABLE, PLEASE MAKE JEONG'S FAMILY TAEKWONDO AWARE OF ALL INFORMATION CONCERNING LEGAL CUSTODY/GUARDIANS, PICKUP RESPONSIBILITIES ETC. TO AVOID ANY POTENTIAL CONFUSIONS.**

*** OTHER EMERGENCY CONTACT (Different from Parent/Legal Guardian)**

Full Name: (Mr./Mrs./Ms./Miss)	
Relationship to Child:	Contact Number:

*** AUTHORIZATION FOR PICK-UP**

Your child will only be released to an authorized person listed on this form (parent/legal guardian and/or emergency contact). In case of an emergency or an unforeseen circumstance, please indicate the name, relationship, and phone number of any other person(s) who you authorize to pickup your child on your behalf. I have informed these individuals that they must present government issued photo ID each time they come to pick up my child. I understand that in case of an emergency, I will be the first one called. However, I also give my permission to Jeong's Family Taekwondo to contact the following individuals AFTER contact has failed with parent designates on the first page of this registration form. Your children will not be allowed to leave the school with anyone not listed below. You can remove or add people to this list at any time by filling out the Change of Information form (available at your program site).

	Full Legal Name (as seen on government issued ID)	Relationship	Phone Number
1			
2			
3			

A parent/guardian's verbal/written authorization for pickup must be received before your child will be released to anyone not listed above. If not received, and we are unable to notify you by phone, the child will not be released.

*** SCHOOL INFORMATION**

School Name:	Pick Up (Bell) Time:	
Contact Number:	Grade:	Class #:

*** MEDICAL INFORMATION**

! Required
Ontario Health Card #:
Allergies/Medical Problems/Conditions/Disorders:
Other Information we should know about your child(ren):

Optional
Doctor's Name:
Office Contact Number:
Office Address:

Afterschool Taekwondo Program Information and Policies



* EMERGENCY CONSENT

It is our policy to notify a parent when a child is ill or needs medical attention. If, we cannot get in contact with a parent/guardian and need to get immediate help for your child, our procedure is to take your child to the nearest emergency service. Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD _____ WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTRE BY JEONG'S FAMILY TAEKWONDO STAFF WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS INCURRED FOR TRANSPORT.

* STUDENT ABSENCES

It is our policy that the parent of each child is to notify a Jeong's Family Taekwondo Representative when their child will NOT need pickup. Should your child be absent from school or not need to be picked up by the After School program, Jeong's Family Taekwondo must be notified by phone or email, **no later than 1:00pm**. In the event the phone is not answered, we ask that a message be left with the date of the absence, your child's full name and the school they attend. **A \$5 penalty will be applied each time advance notice is not provided regarding a child's absence.** This policy is to be strictly observed.

* PROGRAM SCHEDULE

2:00 - 4:00 PM School Pick-Up
4:00 - 6:00 PM Program Hours
5:00 - 6:00 PM Parent Pick-Up

Late Fee: \$1 per minute after 6 PM

* PROGRAM PRICING

*Per month

Full School Week	\$134/Week	=	\$536 + HST
4 days/week	\$124/Week	=	\$496 + HST
3 days/week	\$114/Week	=	\$456 + HST

(Weekly Rate x 40 school weeks) ÷ 10 School Months

ONE-TIME REGISTRATION FEE **\$149 + HST**

- ✓ Taekwondo Uniform
- ✓ Taekwondo T-shirt
- ✓ Taekwondo Ontario Membership

- Pricing based on the full school year
- (40 weeks, which excluding major holidays, March Breaks).
- Billing occurs on the 1st of each month. Monthly rates remain the same regardless of enrollment month

Payment Terms & Cancellation Policy

1. A valid credit card must be on file for billing. Billing occurs on the 1st of each month
2. Enrolment is for the full school year (September–June), regardless of start date. Cancellation is permitted only if:
 - A doctor's note confirms the student is medically unable to continue
 - The family is relocating out of the area
3. Any other cancellation before the end of the school year will incur a **penalty equal to one month's fee.**



* AFTER SCHOOL PAYMENT TERMS (Please Check)

☐ Option 1: Full Week (5 Times a Week)

- \$134 + HST per week (Billed Monthly)
- Sibling Discount of 10%
- Commitment until June 2026

☐ Option 2 (4 Times per Week)

- \$124 + HST per week (Billed Monthly)
- Sibling Discount of 10%
- Commitment until June 2026

☐ Option 3 (3 Times per Week)

- \$114 + HST per week (Billed Monthly)
- Sibling Discount of 10%
- Commitment until June 2026

PART TIME STUDENTS ONLY (Please Check the days that you want to sign up for)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

By signing below, I confirm that:

- I have read and agree to the Afterschool Taekwondo Program Information and Policies, including fees, billing, and cancellation terms.
- I understand enrolment is for the full 2025–2026 school year (September–June) regardless of start date.
- I authorize Jeong's Family Taekwondo to charge my credit card on file for program fees and a one-month penalty for early withdrawal, except in cases of relocation or documented medical reasons.
- I accept responsibility for all fees and understand, unpaid balances over 30 days may be subject to collections and additional recovery costs, as permitted by Ontario law

Parent/Legal Guardian (Signature) _____ Date _____



Jeong's Family Taekwondo Participant Waiver of Liability & Media Consent

Jeong's Family Taekwondo takes the safety of all children registered in our programs very seriously and will take every precaution it possibly can in order to ensure the safety of your child. The risk of sustaining injuries that result from the nature of the activities can occur without fault of the participant, Jeong's Family Taekwondo, its employees/volunteers or the facility where the activity is taking place. By choosing to take part and to register your child in the programs, you are accepting risk that your child may be injured. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaged in program activities and by providing your child with any necessary safety equipment such as proper shoes, clothing etc.

I, _____ (Parent/Legal Guardian) of _____ (Child) consent to have my child receive services from Jeong's Family Taekwondo and am registering my child voluntarily. The consent will remain in effect for the duration of the program. I understand and agree to receive the program services delivered as part of the the program that I have registered my child in. Programming activities such as recreation activities and outings (field trips) involve certain elements of risk. Injuries may occur while participating in these activities.

ACKNOWLEDGEMENT

My child, _____, has my permission to participate program activities as planned by the our program that I have registered my child in. I waive, release, and discharge Jeong's Family Taekwondo, its owners, staff, volunteers, and facility partners from any and all claims, demands, actions, or causes of action for any loss, injury, or damages sustained while participating in program activities, including transportation, except in cases of gross negligence or willful misconduct. I authorize the application of emergency medical attention and undertake responsibility for any hospitalization, medical expense and ambulance expenses that may be incurred.

Parent/Legal Guardian (Signature)

Date

MEDIA RELEASE

I, _____ (Parent/Legal Guardian), give permission for _____ (child) to appear in photographs, video, and/or audio recordings taken by Jeong's Family Taekwondo.

I understand that these images may be used in promotional materials including, but not limited to, newspapers, social media, program brochures, posters, websites, and videos for educational or fundraising purposes.

I understand that my child's name will not be used without my written consent, and I agree that there will be no financial compensation for the use of these images.

By signing below, I release Jeong's Family Taekwondo and its partners from any claims related to the use of my child's image as described above.

Parent/Legal Guardian (Signature)

Date

The Jeong's Family Taekwondo Participants Waiver of Liability and Media Consent applies to the After School Programs for the 2025/2026 school year.



**RE: PARENT AUTHORIZATION FOR AFTER SCHOOL PROGRAM
PICKUP (SEPTEMBER 2025 - JUNE 2026)**

I _____, the parent of _____,
authorize the representative of the Jeong's Family Taekwondo After School Program to
pick up my child from _____ school after dismissal at
____:____ pm.

In the event of emergency, I can be contacted at (_____) _____ - _____. The
Program Director of Jeong's Family Taekwondo After School Program can be contacted
at **(905) 938-3232** or ***jeongsfamilytkdhs@gmail.com*** .

Sincerely,

Parent/Legal Guardian (Signature)

Date