



AREGIS TAEKWONDO CENTER



Louie Aregis, Owner/Chief Instructor
900 Conference Drive Suite 2B
Goodlettsville, TN 37072
Phone (615) 859-4443
laregis@aregistkd.com

In School Summer Camp

Hours of Operation

The center will be opened for camp by 7:00 a.m. Monday through Friday. Students must be picked up by 5:45 p.m., unless a later time has been approved prior to pick up.

Holiday

The camp will be closed on Memorial Day and the 4th of July or next business day.

Tuition

Enrollment fee is \$45.00, which includes the student's uniform, belt, school patch and student manual. Regular tuition is \$150.00 per week. This price includes a student's Taekwondo training, lunch, and afternoon snack and all field trips and events that will be sponsored by the camp. Tuition is payable on the first day of a child's scheduled attendance for the week. Checks are to be made out to the school and receipts will be given for cash payments only. Kids are welcome to bring extra snacks or money for snacks, if they wish.

Returned Checks

The current bank rate for NSF checks will be charged to the parent for any returned checks. The first NSF check may be redeposited after approval by the parent. The second NSF check will not be redeposited, but will be exchanged for cash and the account will then become a "Cash Only" account. Failure to keep your child's account current will cause termination of camp for the child.

Vacation, Withdrawals and Absences from the Camp

There will be NO charge for students who are absent due to vacation. The school will also pro-rate days of absences 2 days or more during a week's period of time. Notice is not needed to withdraw students from camp, but please let the instructor know about your plans. We ask Parents to let us know in advance if your child will be late or absent any day from camp. This will help us coordinate classes and events so your child can receive the best training possible.

Changes

Our center needs to be immediately notified of changes in telephone numbers (home or work), job, family status, custody changes, doctors and authorized persons to pick up your child.

Illness

Children who become ill during the day may not remain at camp. Parents will be called to pick up the child as soon as possible. To prevent the spread of infections, please keep your child home when he/she has an elevated temperature, upset stomach, diarrhea or has a contagious condition such as pink eye, chicken pox, head lice or has a skin infection or serious cold. Your child will need to be fever free for 24 hours before returning to our center. Please notify the center of any illnesses and absences.

Injuries

Treatment that is provided by our center is cleansing with soap and water, ice, band-aids and TLC. Individual “accident and incident” reports are given to the parent to inform them of the injury. Any injury that requires more than the basics listed in the previous paragraph will necessitate a parent coming to the Center to determine if professional medical care is needed.

Medication

Our Center does not administer medication. Parents are welcome to come to the Center during camp hours and give the needed medication to their child.

Some Final Suggestions for Parents

To help support our Center we offer the following:

1. Make sure your child is well rested and fed breakfast.
2. Drop off and pick up your child on time.
3. If your child must be absent, please contact our Center.
4. Treat your Center with respect and professionally. Be prompt with payments and considerate of regular class hours.
5. Adhere to all policies and read any and all information sent home.
6. Participate in Center Activities when at all possible.
7. Arrange a backup plan for when your child is sick or our Center is closed.
8. Appreciate that our Center cares for groups of children.
9. Share information that will assist your provider in caring for your child (example, parent being out of town for an extended period of time, changes in home life, deaths in family or death of a friend). Any of these and more can affect your child and his/her development.
10. Communicate early to your Center with any concerns you may have.



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Agreement of Rules for Summer Camp

This Agreement of Rules (Agreement) is between the person or persons signing this Agreement (“You” or “Your”) and Aregis, Inc. d/b/a Aregis Taekwondo. You agree to all the terms and conditions, both written and printed, of this Agreement.

WE ARE NOT A DAYCARE

SCHOOL RULES

- * No running or horse playing.
- * Keep hands and feet to yourself.
- * No arguing with each other or any Adults.
- * We do not provide Insurance.
- * Knock on the door before entering the office.
- * You are responsible for your own items.
- * Students are responsible to bring a book to read while at camp.
- * The school is not responsible for lost items.
- * Eat on folding mats only.
- * Do not leave food and/or drink unattended on mats.
- * Socks should be put in shoes.
- * If your child is absent, you must still pay for a full week.
- * We reserve the right to dismiss anyone from our program.

VAN RULES

- * No yelling, use you're inside voice.
- * Stay seated.
- * Stay buckled up with your seatbelt.
- * Any child under 8 years of age is required to be in a booster seat.
- * Do not turn around in your seat.
- * No food, drink or gum inside van.
- * No Gameboys or toys.
- * Keep your feet off of the seat in front of you.

FIELD TRIP RULES

- * Never leave your group.
- * No running or horse playing.
- * Keep hands and feet to yourself.
- * No arguing with each other or any Adult.
- * Follow rules or you do not participate.
- * Students are responsible to bring their own swimwear, towels, sunscreen and floating device (if needed).
- * No running around on the deck at the swimming pool.
- * No jumping in pool when crowded.
- * Do not leave swimwear or towels in dressing rooms.
- * No diving in pool.
- * No talking during the movie, period!
- * Always ride in your assigned van.
- * Let an adult know anytime you need to use the restroom.
- * Remember, we are a guest anywhere we go. Represent our school in a positive manner.
- * Students are responsible that all messes are cleaned up before they leave a site.
- * *A copy of your child's insurance card is required. We do not provide insurance for your child.*

I have read and agree to the Terms and Conditions of this Agreement, both written and printed. I further agree and understand that my child can and will be removed from the program if any of the above rules are not complied with. You further agree to hold Aregis, Inc. d/b/a Aregis Taekwondo (hereinafter called "School") and/or any of its nominees, harmless from and against any and all liability as to any problems that could arise. Regardless of fault, the School is not responsible for loss of or damage to any property left behind by your child. You hereby assume all risk of such loss or damage and agree to defend, indemnify and hold the School harmless from all claims. You understand and agree that you will pay for any and all costs and/or expenses of any kind for damages, if any, that may be caused by your child.

You agree that your insurance coverage, if valid and collectable, will be primary and responsible for handling, defending and paying all third-party claims, if any, should they arise. The School does not provide you or your child with any type of insurance coverage.

Parent

Student

Witness

Witness

Date: _____



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Permission to Ride Form

School Name: **AREGIS TAEKWONDO CENTER**

I (We) hereby grant permission for _____ to ride to and from all field trips and events sponsored by Aregis Taekwondo in school summer camp.

Students will be traveling in the following manner:

- 15 Passenger Van**
 Private Passenger Vehicle
 Commercial Transportation Carrier
 Other _____

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

2) I have documented below all precautions and instructions regarding my child's care. I have noted any special health-related conditions or allergies regarding my child.

Date

Signature of Parent / Guardian

Home Phone

Work Phone

Alternate Emergency Contact

Home Phone

Work Phone



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RELEASE FOR EMERGENCY CARE

This form must contain only one child's name and updated annually.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child, _____, in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Family Physician Name/Health Care Resource Telephone Number

Allergies: _____

Date of last DPT or Tetanus: _____

Insurance Company covering child: _____

Policy Number: _____ Group No.: _____

Signature of Custodial Parent/Legal Guardian Date

Phone Number (H) _____ (W) _____

Emergency Contact

Name Area Code, Telephone Number

Street Address (number, apartment, street) City, State, Zip



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DIRECTOR'S USE ONLY Date Enrolled _____

Parent and Child's Identification Record

Child's full legal name _____ D.O.B. _____
Child's preferred name _____ Sex _____ SS# _____
Address _____ City _____ Zip _____
Who has legal custody _____ Relationship _____
Address _____ Telephone _____
Mother's name _____ Telephone _____
Home Address _____ Zip _____
Place of Employment _____ Telephone _____
Address _____ Zip _____
Father's name _____ Telephone _____
Home Address _____ Zip _____
Place of Employment _____ Telephone _____
Address _____ Zip _____

Other household members: Adults

Children and ages:

The child will be released only to the person(s) authorized, or in the manner authorized, in writing, by the custodial parent(s) or legal guardian(s). The following people are authorized to remove the child from the facility in case of illness, accident or emergency, if for some reason the custodial parent(s) or legal guardian(s) cannot be reached. (please list on page 2)

Parent and Child's Identification Record (Page 2)

Name _____ Telephone _____

Address _____

Street address, apartment City State Zip

Name _____ Telephone _____

Address _____

Street address, apartment City State Zip

Child's physician/health resource: _____ Telephone _____

Address _____

Child's Dentist: _____ Telephone _____

Address _____

Has child had: Surgery _____ Serious Illness/accident _____ Burns _____

Allergies _____ Convulsions _____ Other _____

List all identifying scars, birthmarks, skin discolorations:

Special needs of child:

Child's habits, fears, etc.:

I give permission to consult the child's physician resource listed above in case of emergency if I/we cannot be reached.

Signature of Custodial Parent or Legal Guardian

Please remit a copy of the child's insurance card for our files



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Parents Acknowledgement of Rules and Regulations

I hereby acknowledge receipt of the Center's In School Summer Camp Rules, Regulations and Policies. I also realize that the Center is not a daycare facility and is not regulated by the State of Tennessee. I further attest that I have reviewed the Discipline Procedures and Policies with my child (ren) and by signature below I 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

No Firearms, No alcohol and No Smoking Policy

Child's Name

Signature of Parent or Guardian (circle one)

Address
