

## Karate CLASS AUTHORIZATION

### AUTHORIZATION TO ALLOW CHILD TO LEAVE SUPERVISION OF Elite After School PERSONNEL

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Program: **Elite After School Program**

By Signing below, I authorize **Elite After School Program** personnel to allow my child to participate in **Bedford Martial Arts Academy Martial Arts Program**, for the purpose of participating in their martial arts class or assisting with class as a Junior Leader, Trainee Instructor, Junior Instructor, or Assistant Instructor, on a daily basis, for the period of time that my child is enrolled in Elite After School Program.

\_\_\_\_\_ Date Signed : \_\_\_\_\_

**Elite After School/ BEDFORD MARTIAL ARTS ACADEMY, LLC**

**292 Route 101 West**

**Bedford, NH 03110**

**(603) 626-9696**

**AUTOMATIC PAYMENT AGREEMENT**

I, \_\_\_\_\_ hereby authorizes the Bedford Martial Arts Academy, LLC, its parent or affiliate companies, to automatically debit from the account listed below, the amount owed for tuition or related costs on a monthly basis. By signing this document, I hereby agree to pay the predetermined amount owed to Bedford Martial Arts Academy, LLC, its parent or affiliate companies. I authorize the automatic payment from my account to occur on the day in which my bill is due.

Account Number

□ □ □ □ - □ □ □ □ - □ □ □ □ - □ □ □ □

Expiration Date

□ □ / □ □

CSC Number

□ □ □

Please note the type of account: \_\_\_\_\_  
(Visa, Master Card, Debit / Credit Account, etc.)

Printed Name as it Appears on Card: \_\_\_\_\_

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

Elite After School Programs

CCCB-06573

NAME OF CHILD CARE PROGRAM

LICENSE NUMBER

**TO THE PARENT OR GUARDIAN:** This form must be completed for each of your children who will be enrolled in the program, and must be updated whenever information changes.

DATE OF CHILD'S ENROLLMENT \_\_\_\_\_

Child's name:	Date of birth:
Address:	Phone number:

## IDENTIFYING INFORMATION OF PARENT/S OR GUARDIAN/S LEGALLY RESPONSIBLE FOR CHILD:

Name:	Name:
Address:	Address
Home phone number:	Home phone number:
Indicate where parent/guardian above can be reached while child is in care. Include name, address and phone number of business if applicable. Include any special instructions, e.g. pager, cell phone, etc.	
Business Name:	Business Name:
Address:	Address
Phone number:	Hours:
Email:	Email:
Special Instructions for reaching parent/guardian:	

**EMERGENCY CONTACT PERSON:** You (parent/guardian) are required to list at least 1 person with whom you would feel comfortable leaving your child, and who could assume responsibility for your child if you could not be reached immediately in an emergency, or if for some reason you could not pick up your child and were unable to communicate with the program. Examples: if your child were sick and you were not accessible, or if you experienced sudden illness between work and picking up your child.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:

NON-EMERGENCY ALTERNATE PICK-UP PERSON/S: I, \_\_\_\_\_

(Parent/Guardian Signature)

authorize the following individual(s) to pick up my child from the program on a non-emergency basis.

Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone number:	Phone number:



## CHILD CARE REGISTRATION AND EMERGENCY INFORMATION

**NOTE TO PARENT/S or GUARDIAN/S:** The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child care programs are required to post a copy of the statement of findings and corrective action plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are also available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx?facility='Y> or by calling the unit at 603-271-9025 or 1-800-852- 3345, extension 9025.

During visits to programs licensing staff speak with children regarding the care they receive at the program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the child care program, and determines that it is best to interview your child separately and not with their class or group, please indicate your preference among the following options:

- ☐ I give permission for child care licensing staff to interview my child at the child care program separate from their class or group.
- ☐ I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from their class or group.
- ☐ I do not give permission for child care licensing staff to interview my child at the child care program separate from their class or group.

For more information about Child Care Licensing please visit our website at:  
<http://www.dhhs.state.nh.us/oos/ccfu/index.htm>

### MEDICAL INFORMATION

**Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:**

Child's Usual Physician:

Phone number:

Physician's Address:

### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give permission for the staff of \_\_\_\_\_ to provide simple first aid treatment to my child, \_\_\_\_\_ when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendants to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by child care program personnel as soon as possible regarding any emergency involving my child.

**Parent/Guardian Signature**

**Date**

**ANNUAL UPDATE:** Make necessary changes & initial & date below to verify that the information is current.

Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:
Parent/Guardian Initials:	Date:	Parent/Guardian Initials:	Date:

## Elite After School Programs

292 Route 101 West

Bedford, NH 03110

(603) 626-9696

### **RELEASE FOR PICTURES**

I hereby give permission to the Elite After School Programs/Bedford Martial Arts Academy, LLC to take pictures of me and/or my child(ren) for purposes of photographs to be used by the Elite After School Programs/Bedford Martial Arts Academy, LLC, including but not limited to advertisements, brochures, newspapers, television, posters, demonstrations, video and social media pictures or video. By signing said Release, I understand that the Elite After School Programs/Bedford Martial Arts Academy, LLC owns these pictures and may use the photographs for the above purposes at their discretion, and that no fees will be paid for use of any photographs.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Print Student's Name

\_\_\_\_\_  
Signature of Student or  
Parent / Guardian if Student is a Minor

**Elite After School Programs**  
**TRANSPORTATION AUTHORIZATION**

*TRANSPORTATION AUTHORIZATION FOR EACH CHILD WHO IS TRANSPORTED TO OR FROM  
PROGRAM NOT ACCOMPANIED BY HIS/HER PARENT(S):*

I hereby provide authorization for my Child \_\_\_\_\_  
to travel between Bedford Schools and/or Bedford Town Pool and/or Bedford Playground and Elite After  
School Programs by the transportation provided by Elite After School for the purposes of participating in  
Elite After School Program and/or activities at the Bedford Town Playground and/or water activities at  
the Bedford Town Pool. I understand that I will be advised on a weekly / daily basis as to the days and  
timeframe my child will be traveling to the Town Pool and/or Town Playground, as the dates will be  
determined by the weather.

My child's swimming ability is as follows:

\_\_\_\_\_

**NOTE:** Children who are under 7 years old AND are 57 inches tall or shorter, must ride in a  
federally approved car seat or booster in our vans (the bus does not require booster seats). The  
only time this is not the case is if the child is over 57 inches tall; in which case they can use  
a seat belt.

Does your child require a booster seat?      YES \_\_\_\_\_      NO \_\_\_\_\_

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child Date of Birth

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
PARENT SIGNATURE

\_\_\_\_\_  
Dated:

\_\_\_\_\_  
Elite After School Programs, Director

## **Elite Summer Camp Program Policy**

**Camp:** June 1, 2021 – May 31, 2022

Elite provides Camp during school vacations and single days off from school. Camps run during Summer Vacation, February Vacation, and April Vacation. Camps may also run during Teacher Workshops or other Holidays throughout the school year.

Children must be a minimum of 4 years, 8 months to attend camp.

**Hours & Fees:** *(prices and hours are subject to change).*

Camp hours are 8:00 a.m. – 4:00 p.m.

The cost is as follows: \$60/day or \$280/week

Extended Care is available from 4:00 p.m. – 5:00 p.m. on Monday – Thursday. There is no extended care on Friday afternoons.

Extended care is at the rate of \$10.00/half hour.

During the summer months, there is a \$5.00/child per week Recreation Fee, which includes the cost of the pool and other activities.

A non-refundable registration fee of \$50 will be charged in order to confirm the child's spot on the camp roster.

Payment for camp is due two weeks prior to camp week. A Credit / Debit Card **MUST** be kept on file for weekly charges and for extended care.

**No Refunds** will be issued 2 weeks prior to camp. Credits will **Not** be issued should the customer not be able to attend on a certain day.

### **Camp Rules:**

Morning and afternoon snacks and lunch are provided by the parents. **No Peanut Products.**

At a designated time, the child will have his/her martial arts class and activity time. Designated times are at the discretion of the Instructors.

Children will be going outside. Children will also be making trips to the playground, as well as the town pool, when available. Children should dress appropriately for the weather. Items to bring to camp are:

- Jacket/Sweatshirt
- Sneakers for Playground
- Bathing suit, towel, flip flops for pool *(during summer months)*
- Sunscreen
- Change of clothes
- Karate belt

**NO Electronics, Including Watches or Toys from Home.**

Parents may pick up their child at any time during camp, however the child must be picked up by 4:00 p.m., unless arrangements have been made for extended care. If the child is not picked up by 4:00 p.m., an additional \$10.00 per half hour, will be charged as extended care.

## **INCLEMENT WEATHER**

If Elite After School programs closes due to inclement weather, parents will be given notification of this cancellation through contact information provided. A **credit will** be given for that day if the Academy elects to cancel the program.

## **ILLNESS**

Should a student miss camp due to illness, please notify the Academy by 9:00 am that day. Activities have been planned for the day, and we cannot leave the building if we are waiting on a child to attend. **No Refunds or Credits will be provided.**

For the health of your child, other children, and staff, your child may not attend the program when he or she is sick. If your child gets sick during the program, you will be called and you will need to come and pick him/her up. Children must be fever-free for 24 hours before returning.

If your child is on any medication, during the hours, he/she is at camp, you must provide written authorization by a doctor, for medication to be taken. Forms are available in the office. Medication must be in its original container with the label attached.

## **MISCELLANEOUS**

Call if someone else, other than you, is picking up your child. No child will be released without proper identification of that person.

You are enrolling your child in an elite Vacation Camp Program which provides your child with discipline, focus, respect, responsibility, and most importantly, physical activity in a safe and fun atmosphere. Be prepared for you and your child to have a fantastic experience!

## **Covid-19 Policy**

Children and staff will be screened daily on arrival to Bedford Martial Arts Academy.

Children and staff should not attend BMAA Camp if he/she;

- a. Has any symptoms of COVID-19 (see Universal Guidelines for list of potential symptoms) or fever of 100.4 degrees F or higher.

- b. Has had any close contact with someone who is suspected or confirmed to have COVID-19 in the past 10 days.

NOTE: Healthcare workers caring for COVID-19 patients while wearing appropriate personal protective equipment are not included.



By signing this document, the customer hereby agrees to all terms and conditions herein.

Child/children's name \_\_\_\_\_

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent Signature (Mother)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Parent Signature (Father)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Guardian (When Applicable)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Agent and/or Representative of  
Bedford Martial Arts Academy