

FALL 2020 Karate Enhanced E-Learning Program (Full Day)

Student(s) Name: _____ School: DIS or PSEM Grade(s): _____

Parent(s) Name: _____

Billing Address: _____ City: _____ ST: __ ZIP: _____

Mother Cell Phone: _____ Father Cell Phone: _____

Mother E-Mail Address: _____

Father E-Mail Address: _____

Emergency Contact (other than Parent/Guardian): _____

Home Phone: _____ Cell Phone: _____

List Any Food Allergies/Concerns: _____

Enrollment Options (please check all that apply)

___: First Child \$1100/month

___: Second Child \$1000/Month

___: Third Child \$900/Month

___: Fourth Child \$800/month

___: Fall Semester Pre-pay (5% savings)

1st Child: \$4180.00; 2nd Child: \$3800.00; 3rd Child: \$3420.00; 4th Child: \$3040.00

NOTE: Semester Pre-paid Tuition MUST BE Cash or Check

Total Ordered: _____/month

Payment Options: (check one)

___: Pre-Pay Cash/Check Payment

___: I authorize my credit card to be run on the second of each month for the duration of the Fall Semester.

(First Month tuition will be processed at time of registration)

Card # _____ Exp: _____ CVV # (on back): _____

Waiver of Participation: I hereby waive all rights and claims for damages against Japan Karate Institute Daniel Island, LLC and release Japan Karate Institute Daniel Island, LLC, its representatives, agents, sponsors, supervisors, employees and instructors of all liability, directly or indirectly connected to participation in all events and activities associated with Japan Karate Institute Daniel Island, LLC and its partnering entities. Japan Karate Institute Daniel Island, LLC retains all rights to terminate or suspend this contract for any unpaid fees, unlawful actions or misrepresentation on the part of above mentioned student(s) and/or buyer.

Parent/Guardian Signature: _____ Date: _____

JKI DI & CF Accepts Visa/MC/Discover/American Express for Monthly Payments