

Student Name(s) _____

Trial EXPIRATION DATE _____

Application for Enrollment

(Student's) or (Mother's) Name	
Address	
City	ZIP CODE:
Mobile Phone	Home Phone
E-Mail	
(Spouse's) or (Father's) Name	
Address	
City	ZIP CODE:
Mobile Phone	Home Phone
E-Mail	
Student Child 1 Name	Birth date / /
Student Child 2 Name	Birth date / /
Student Child 3 Name	Birth date / /
Children Live with: (Circle) Mother Father Both Grand parent(s) Foster Parent Other	
Has anyone taken Karate Lessons Before? If Yes, Where?	
Person Responsible for payment _____ Relation: _____	
Address _____ City _____ Zip _____	
Email _____ Mobile Phone _____	
You may have your payment taken out of your checking account each month by electronic check withdrawal. Or you can have your payment paid automatically by Credit card. (We do not accept Debit Cards for recurring payments) Please fill out Recurring Authorization Form	
Student, Parent, or Legal Guardian Signature _____	

Office Use Only	Trial student(s) Y N	Start Date _____	Fee Paid _____	Amount of classes/week _____
Enrollment Information				
Student 1 ID # _____	Contract # _____	Picture Taken _____	Uniform Size _____	
Student 2 ID # _____	Contract # _____	Picture Taken _____	Uniform Size _____	
Student 3 ID # _____	Contract # _____	Picture Taken _____	Uniform Size _____	
Start Date: _____	Amount of Classes /Mo: _____	First Monthly PMT: _____		
Payment Method	(at front desk) (Recurring by CC) (Recurring by ACH)	Next Payment Date _____		
Recurring Authorization form: Given to person responsible _____	Received _____			
NOTES:				