

Yong In Martial Arts Academy B4 / AFTER SCHOOL PROGRAM

Affordable Alternative to Day Care. No Contracts to Sign.

FREE & SPECIALS

FREE Martial Arts/Self Defense Classes.
FREE Uniform and Yong In T-Shirt with \$55 Registration.
FREE Transportation to and from local Schools.

SPECIALS !!!

When teacher Work Days and Snow Days?

→ We open our doors at 6:30 AM. Bring your child to our academy. Make sure that they have packed lunches and snacks for throughout the day.

Before School Program \$79 per Week
 After School Program \$95 per Week

Before + After School Program
 \$155 per Week



✓ **Have Fun**

Exercise, coordination and flexibility build confidence
 Make new friends

✓ **Save Money**

Programs starting at \$75/week

✓ **Be Safe**

Safety is our priority
 3000 sq. ft. safety mat
 Certified master instructors

✓ **Save Time**

Transportation provided from schools
 Supervised homework



Yong In Martial Arts Academy
 Contact Us Today!

Springfield/Alexandria

6700 Fleet Drive
 Alexandria VA 22310

703-313-8804

WWW.YONGINACADEMY.COM

Q. What does the B4 / After school program provide?

Transportation to and from local schools.
 After school at 12:00-02:00PM (Mon) and 3:00-4:00 PM (Tue-Fri)
Tae Kwon Do lesson and Homework assistance

Q. What time does Yong In Martial Arts Academy open and close?

Our doors open at 6:30AM and our martial arts school closes at 8:20PM, but After school students need to be picked up before 6:30PM

Q. What is the special benefit?

Your children will learn not only respect, discipline, self-confidence and traditional Tae Kwon Do, but they will also have fun in modern, spacious big safe facility! Your child will benefit from it for the rest of their life.

Our B4 / After School Program...

Builds Self-Confidence, Discipline, Respect, Focus and Leadership...

Register Now!!!



Yong In Martial Arts Academy

14701 Lee Highway #201 Centreville VA 20121 ☎ 703-266-1199
6700 Fleet Drive * Alexandria, VA * 22310 ☎ 703.313.8804



B4 / After School Daily Schedule

| Before School Program | |
|--|---|
| 06:30 to 07:30 | Parents drop off students and check in |
| 07:30 ~ B4 go to school | Structured Physical Activity. Students have the option of doing homework, instead |
| Before their school starts buses will drop off the student to school | |

| After School Program | |
|---|---|
| 12:00 to 03:50 | Buses pick up students and bring to our school |
| Arrival to 04:00 | Students change clothes |
| 04:00 to 04:20 | Students get ready for class, Quiet Activity, Stories, manners lessons, etc. |
| 04:20 to 05:10 | Tae Kwon Do Class |
| <i>Parents begin to pick-up children between 5:10 and 6:30</i> | |
| 05:10 to 06:30 | Homework time, or Structured Quiet Activity Word games, writing, art, etc. |
| If your school district occasionally (or regularly) schedules an early dismissal day. We just expand the physical activity to accommodate the extra time. | |

| | | | |
|---|---|---|---|
| R | P | U | T |
|---|---|---|---|



Before / After School Program Enrollment Registration Form

Child Information:

| | |
|---------------------|--------------------|
| Student Name: _____ | D.O.B: ___/___/___ |
| Student Name: _____ | D.O.B: ___/___/___ |
| Student Name: _____ | D.O.B: ___/___/___ |
| Student Name: _____ | D.O.B: ___/___/___ |
| SCHOOL: _____ | |

Parental Information:

| | |
|----------------------|-----------------------|
| Father's Name: _____ | Mother's Name : _____ |
| Home Phone: _____ | Home Phone: _____ |
| Work Phone: _____ | Work Phone: _____ |
| Cell Phone: _____ | Cell Phone: _____ |
| Address: : _____ | Address: _____ |
| _____ | _____ |
| _____ | _____ |
| Email: _____ | Email: _____ |

Emergency Information:

In case of emergency contact: _____ Phone: _____

Relation: _____ Family Physician: _____ Phone: _____

Insurance Company Name: _____

Policy No: _____ Expiration: ___/___/___ Phone: _____

Address: _____

We require a notice form your physician stating that the above student(s) is in adequate physical health to participate in our Tae Kwon Do Program.

I agree to waive any and all claims against persons connected with Yong In Martial Arts Academy. This should also serve as permission to have the above student(s) transported and to receive any and all emergency medical health care should the situation arise. I understand that Yong In Martial Arts Academy reserves the right to remove any child from the program and Yong In Martial Arts Academy is not responsible for personal property lost or stolen while members and/or program participants are using Yong In Martial Arts Academy's facilities or on premises. I give permission to the Yong In Martial Arts Academy to use, without limitation or obligation, photographs, film footage, my child's image or voice for purpose of promoting or interpreting Yong In Martial Arts Academy programs. This also serves as specific permission to transport your child to and from the facility for Tae Kwon Do.

I acknowledge the Waiver and accept the conditions set forth above and, am in sympathy with the Goals and purposes of the Yong In Martial Arts Academy. I agree to adhere and abide by the policies of Yong In Martial Arts Academy.

**Fee: After School Program M-F 5 Days \$99.00 Before School Program M-F 5 Days \$85.00
Before and After School Program M-F 5 Days \$165.00**

*Credit Card Visa[] Master[] # _____ Exp. /]

Guardian: _____ Date: ___/___/___