

THE POWER OF ONE WORLD LEADERSHIP PROGRAM

Application for Enrollment

Date: ___/___/___

Parent Information

Name: _____ Spouse: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Bus. Phone: _____

Student(s) Information

Name: _____ D.O.B: _____ Grade: _____

Name: _____ D.O.B: _____ Grade: _____

Name: _____ D.O.B: _____ Grade: _____

School Information

Name: _____ Phone: _____

Teacher: _____ Room # (if known): _____

Questionnaire

1. In regards to our Martial Arts Program, what area(s) in your child's development are you most interested in seeing improvement (*Please check all that apply*):

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> FOCUS | <input type="checkbox"/> BALANCE | <input type="checkbox"/> SELF-DEFENSE |
| <input type="checkbox"/> DISCIPLINE | <input type="checkbox"/> FLEXIBILITY | <input type="checkbox"/> GOAL SETTING |
| <input type="checkbox"/> CONFIDENCE | <input type="checkbox"/> COORDINATION | <input type="checkbox"/> PHYSICAL FITNESS |
| <input type="checkbox"/> ENDURANCE | <input type="checkbox"/> MENTAL STRENGTH | <input type="checkbox"/> RESPECT |

Other: _____

2. What exercise program(s) is your child/children currently involved: _____

3. Is your child/children currently displaying any challenges in the following areas (*Please check all that apply*):

- | | | |
|--|--|---|
| <input type="checkbox"/> CONFIDENCE | <input type="checkbox"/> RESPECT | <input type="checkbox"/> PHYSICAL FITNESS |
| <input type="checkbox"/> COORDINATION | <input type="checkbox"/> AGGRESSIVE BEHAVIOR | <input type="checkbox"/> FOCUS |
| <input type="checkbox"/> HYPERACTIVITY | <input type="checkbox"/> DISCIPLINE | |

Other: _____

Comments

Scheduled Days Attending: M T W TH F Starting Date: ___/___/___