

THE POWER OF ONE SUMMER CAMPS

Application for Enrollment

Date: ___/___/___

Parent Information

Name: _____ Spouse: _____

Address: _____ Phone: _____

City: _____ Zip: _____ Bus. Phone: _____

Student(s) Information

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

Please check all weeks you are applying for:

Week 1 Week 4 Week 7

Week 2 Week 5 Week 8 Pre/Post Care Y___ N___

Week 3 Week 6 Week 9 Total # of Weeks _____ x \$50 deposit = \$ _____

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"/> DISCIPLINE | <input type="checkbox"/> FOCUS |
| <input type="checkbox"/> HYPERACTIVITY | <input type="checkbox"/> AGGRESSIVE BEHAVIOR | |

Other: _____

Comments

For Office Use Only:

Deposit Amt. Paid: _____ Signed by: _____ Submitted: ___/___/___