



OFFICE USE	Date ____ / ____ / ____
Registered By: _____	Full Year Fee \$ _____
	Deposit \$ _____
	Balance \$ _____
	REGISTRATION FEE \$100

330 Neptune Avenue,
 Brooklyn, NY 11235
 OFFICE: 718-891-1111, FAX: 718-891-5479
mbbcschool@gmail.com

Nash Jew after School Registration Form

Last name	First name	Gender	Date of Birth	Grade in 9/1/2024	School

Address _____ Apt # _____ Home Tel # () _____ - _____

City _____ State _____ Zip _____

Mother's Name _____ Work Tel # () _____ - _____
 Cellular # () _____ - _____

Father's Name _____ Work Tel # () _____ - _____
 Cellular # () _____ - _____

E-mail: _____

My Child/Children Will Be Attending for

- 5 days per week (\$675 per month)
- 4 days per week (\$600 per month)
- Pay as you go (\$50 per day)

*****All prices are calculated based on the number of school days in a year and are adjusted for holidays and other closings. Winter Camps are NOT INCLUDED*****

YOU WILL GET DISCOUNTS IF YOU REFER YOUR FRIENDS AND FAMILY! Sibling discount-\$50.00

If mini-camp(during the year)available-additional payment due!

BUS TRANSPORTATION

Bus transportation from school to our After School Program is included in your tuition.

If your child/children are being met and picked up at NASH JEW, please indicate **ALL** persons authorized to do so.

NO CHILDREN WILL BE RELEASED TO ANYONE NOT APPEARING ON THIS LIST WITHOUT PRIOR NOTIFICATION TO THE NASH JEW OFFICE!!

NAME	RELATIONSHIP	PHONE NUMBER

EMERGENCY INFORMATION

Does your child have any physical or emotional limitations that would prohibit him/her from participating in any after school activities? If **YES**, please explain:

Is your child currently taking any medications? If **YES**, please indicate type of medication, the reason for the medication and how it is taken: _____

In the event of an emergency, please indicate the person(s) whom you would like contact:

NAME	RELATIONSHIP	PHONE #

PAYMENT

Full Tuition for the school-year is \$6750.00 for the 5 days a week (Other option see page#1) program which is payable upfront or monthly payments of \$675.00. Please refer to the fee section for alternate program options. A non-refundable deposit of \$100.00 is due upon registration. If any discount is extended on the basis of upfront payment of Full Tuition, such discount will not apply and will be waived in the event that you or your child choose early termination of your child's (children's) attendance in the After School Program

TERMS OF ENROLLMENT 1. ASP fees are charged on monthly basis. First month payment is due upon date of registration. Payment must be made prior to the first of the month to avoid a late charge. A \$150.00 deposit will be added to the initial payment, this amount will be credited towards your June 202_ payment. 2. The \$150 deposit is non-refundable in case of early cancellation of enrollment for any reason prior to end of school year. 3. In case of early cancellation, please notify the ASP office in writing, no later than the 20th of any month preceding the month of cancellation, (i.e. to stop attending in February, notify the office by January 20th).

Failure to do so will result in a charge of the monthly payment with no refund. 4. There will be a \$25 fee for any change of program days. (i.e. switching from 5 days a week to 4 days, or switching pick-up days) 5. Balance of payment is due no later than the first of every month. You may authorize the MBBC/Nash Jew to charge your credit card on the first of each month by submitting the attached Payment Authorization Form at the time of registrations. Late payment charge is \$25. 6. Late payments may result in discontinuation of services and forfeiture of enrollment (your child is at risk of not being picked up from school). 7. ASP fees are calculated based on the number of school days in a month and are adjusted due to holidays and other closings. NO FURTHER ADJUSTMENTS WILL BE MADE. 8. There is a \$35 fee for any bounced checks and a \$5 fee for declined credit card. 9. Please keep in mind that there is a late pick up fee if your child is not picked-up on time. The fee is \$25 for the first 10 minutes lateness, and \$1/minute if you are more than 10 minutes late. This amount will be billed to your account. 10. The “MBBC/Nash Jew” will not be responsible for damage or loss of personal property. 11. Cost of trips and special events are NOT included in the After School Program fees. 12. I understand that MBBC/Nash Jew reserves the right to suspend or terminate a child’s enrollment due to unacceptable behavior issues.

AGREEMENT

Carefully read the following agreement and sign at the bottom. No unsigned applications will be accepted. I understand that a non-refundable deposit equal to one month’s fee is required upon registration. I also understand that the payment for September 202_ is due prior to the first day of the After School Program. Failure to pay monthly fees by the first of the month may result in your child being terminated from the child from the After School Program; I am subject to the loss of my non-refundable deposit. I understand that, if any discount is extended on the basis of upfront payment of Full Tuition, such discount will not apply After School Program. I understand that if at anytime during the academic year I decide to withdraw my and will be waived in the event that you or your child choose early termination of your child’s (children’s) attendance in the After School Program. The NASH JEW After School Program reserves the right, after due notification to the parent of guardian, to expel any participant from the program if he/she fails to comply with the rules and regulations of the program. Refunds, if any, will be at the sole discretion of NASH JEW. I agree to allow my child to participate in all programs which are part of the After School Program. I further allow the use of any photographs of my children to be used in future publicity materials.

Signature of Parent or Guardian:

_____ Date _____



NASH JEW Inc.

Training Release and Waiver of all Liabilities

1. I hereby represent that I am over 18 years of age and am physically and emotionally fit to engage in martial arts instruction with NASH JEW, that I have had the training and procedures explained to me and that I have been offered the opportunity to observe a training session in progress. I hereby affirm

that all my questions regarding the dangers involved in martial arts training and then inherent dangers and risk of such training have been answered to my satisfaction. Initial: _____.

2. I acknowledge that sport training involves strenuous physical activity, fast motion, contact, punching, kicking, throwing, joint locking, intercepting, training weapons, and self-defense techniques and in therefore an inherently hazardous, dangerous, and risky activity. I voluntarily choose to enroll and participate in sport,dance and other activities I will be exposed to a risk of personal injury arising out of possible negligence or unavoidable accident due to the very physical nature of martial art. It is my stated intention to knowingly assume such risks. Initial: _____.
3. I understand that if I suffer from any disability or in injury, it is my obligation to bring this condition or injury to the attention of my instructor and that any exacerbation, injury or defect is my own responsibility. Initial: _____.
4. In consideration of being allowed to enroll in the NASH JEW training. I agree to release NASH JEW Inc., its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties from any injury or damage that may befall me while I am enrolled or engaged in sport training including all risks connected therewith, whether foreseen or unforeseen. I further agree to personally assume all risks in connection with such martial arts training. Initial _____.
5. I confirm that NASH JEW instructors, including its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties—shall not be held liable or responsible for any injury to myself, and that no one shall be permitted to sue or make claims against NASH JEW and instructors, including its owners, representatives, officers, operators, agents, instructors, students, staff, guests, invitees and all related parties on my behalf in the event that I will be unable to personally make such claims. Initial: _____
6. I understand that I am not entitled to reimbursement for any class not completed for any reason, tuition fee or registration fee, and membership in NASH JEW Inc. is non-transferable. We also reserve the right to change instructors without notice. Initial: _____.

Signature of parent/guardian _____

Date: _____