



PROFESSIONAL TAE KWON DO

K. Kim Head Master and World Champion – Train with the best!

NYC P-TKD Pick-Up Program

Please send completed applications as a SCAN or CLEAR PHOTO to admin@professionaltaekwondo.com

Parent Information

Name: _____ Date of Birth: ____ / ____ / ____

Primary Contact #: (____) _____ Email: _____

Secondary Contact #: (____) _____ Relation: _____

Address: _____ City: _____ State: _____ Zip: _____

Child Information

Name: _____ Date of Birth: ____ / ____ / ____

Age: ____ Grade Level: 1 2 3 4 5

Height (cm): _____ Weight: _____ Gender: Male / Female

Room Number/Name (where your child is to be picked up from): _____

Medical Information

Known Health Issues: _____

Please Choose your Session *Session 1. 18 weeks (Sep ~ Jan) *Session 2. 18 weeks (Feb ~ Jun)

Full Session 5% discount					
Day	1 Day	2 Days	3 Days	4 Days	5 Days
Regular	\$75.00	\$65.00	\$60.00	\$50.00	\$40.00
Additional Tutor		ENG \$35	MAT \$35	SCI \$35	
Day	Monday ()	Tuesday ()	Wednesday ()	Thursday ()	Friday ()
() Day	(18 / 36) weeks			Total	



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Payments will be due (cash, check) or charged on the first day of class. We DO NOT issue refunds.

Payment Method: () Cash; () Credit Card; () Check [Payable to: “PTKD”]

Credit Card #: _____ Exp. Date: ____ / ____ / ____ CSC Code: _____

Parent Signature: _____ Date: ____ / ____ / ____

Parent Signature (print): _____ Date: ____ / ____ / ____

Parent Guidelines for Schedule Changes

Your selected pick-up days and times cannot be changed more than 3 times per Session. You must notify us of any change via email or phone, 24 hours in advance, and there must be a confirmation email from us.

If your child is absent from school, or if any other alternative pick- up arrangement is made, we require an email or phone notification, latest the morning of, and there must be a confirmation email from us.