



# Christ The Teacher

## TAEKWONDO AFTER SCHOOL PROGRAM

By TIGER TWINS MARTIAL ARTS

[WWW.TIGERTWINS.COM](http://WWW.TIGERTWINS.COM)

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STUDENT NAME: \_\_\_\_\_  MALE  FEMALE BIRTHDAY \_\_\_\_\_ Grade \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  MALE  FEMALE BIRTHDAY \_\_\_\_\_ Grade \_\_\_\_\_

PARENTS/ GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

Learning Objectives? (List 1-8 In Order Of Importance)

- ( ) Self Defense      ( ) Self Confidence      ( ) Self Discipline      ( ) Concentration      ( ) Attention Span  
( ) Self Control      ( ) Recreation & Fun      ( ) Increase Energy & Speed

Session Date & Time: 10 session, 45 minutes per session

**Every Monday, September 23<sup>rd</sup> – December 2<sup>nd</sup> at 3:00 pm – 3:45 pm (All Grade)**

Tuition: \$100.00

Please make check payable to **Tiger Kim's MMA, LLC** – Due by 9/23/19

By signing below, I give my permission for my child \_\_\_\_\_ to take Taekwondo class in after school program of Christ The Teacher.

Name of Parents/Guardian : \_\_\_\_\_

Signature of Parents/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_