



Martial Arts After-School Program

Application Form

Please print and fill out a copy to bring with you to your Admissions Tour.

Child's Name: _____ Date: _____

Age: _____ Date of Birth: _____ Boy Girl

Current School (2009/10): _____

Parent/ Guardian #1: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Occupation: _____

Parent/ Guardian #2: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____ Occupation: _____

Street Address: _____

City/ State/ Zip: _____

1. Please check each area that you feel is particularly important for your child, or that you would like to see improvement in (Check as many as apply)

Confidence	Paying Attention	Focus/ Concentration
Handling bullies	Fitness or Weight Loss	Self-defense
Stress Reduction	Behavior	Self-discipline
Better grades	Leadership skills	Self-esteem
Respect towards parents or teachers		Fun

Of all the boxes you checked above, which is the ONE Area that stands out as most important to you right now? _____

2. Do you live in Wilkes County? Yes No
Do you plan to stay in the area in the foreseeable future? Yes No
3. Are you applying with anyone else? Yes No

If so, who? _____

4. How did you hear about LifeSkills Martial Arts? Check as many as may apply.

Referral from _____	Drive-By/ Sign	Word of Mouth
Poster at _____	Postcard	Yellow Pages
Info. Box at _____	Internet/ Website	Van

5. How did you hear about the Martial Arts After-School Program? Check as many as may apply.

Referral from _____	Drive-By/ Sign	Word of Mouth
Poster at _____	Postcard	Yellow Pages
Info. Box at _____	Internet/ Website	Van

I am a current student

6. Does your child have any previous martial arts experience? Yes No

If yes, why did your child stop training?

What did you like about the classes? _____

What did you dislike? _____

7. If married, or if both parents share custody of applicant, are both parents supportive of your child training in the martial arts? Yes No

If no, please explain the circumstances.

8. Our standard policy is that both parents of custody must attend the Admissions Tour so that both parents are confident of the life changing benefits of our program, and so that we can be confident of the support of both parents. If this is not possible for you, will you make sure that the attending parent has spousal authorization to enroll your child, assuming your child is accepted? Yes No

If no, please explain the circumstances.

9. Has your child been in an After-School Program before? Yes No

If yes, when and which? _____

What did you like about the program?

What were you disappointed in?



10. Our program is exciting and fun for children, and they are continually meeting and exceeding new challenges as they promote from White Belt to Yellow... all the way to Black Belt. Most kids never want to quit. As with any activity however, for some children, there will be times when they suddenly do lose interest because it seems too hard, or they want to do something else with their friends, etc. If you believe our program is ideal for your child, what will you do to work with us to re-motivate your child and reinforce the value of commitment? Explain.

11. Openings in our Martial Arts After-School Program is limited, and therefore we must be selective in who we admit. Please describe the level of commitment and desire from both you and your child to be in our program.

12. Students in the After-School Program will get to participate in martial arts classes 5 days a week - including specialty classes focused on Grappling, Sparring, Stunts, and Acrobatics. We are a martial arts studio that provides an after-school program for our students, not a babysitting service or a daycare center. If your child is accepted into the program, they will be expected to participate in class each day they are here. Is your child committed to participating in class each day? Yes No

If no, please explain. _____

13. Are you applying for our regular 5-day week program? Yes No

If no, how many days a week and on which days? _____

14. Will your child require transportation from school? Yes No

15. Do you have the means to pick your child up no later than 6.00pm every evening? Yes No

If no, how will your child get home? _____

16. Does your child have any medical conditions, special challenges, allergies, or other limitations we should be aware of? Yes No

If yes, please describe in detail.
