



Enrollment Agreement

Matias Martial Arts, LLC
(707) 320-8282
napakarate@gmail.com

711 Lincoln Ave.

Napa, Ca

Enrollment Date:

Section 1 Parent Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # _____ Email: _____

Emergency Contact: _____ Phone # _____

Section 2 Enrollment Information

Student Name: _____ Age: _____ DOB: _____

Student Name: _____ Age: _____ DOB: _____

Student Name: _____ Age: _____ DOB: _____

After School Program/School Pick-up

First Grade and up only

3 Days a week

2 Days a week

Give us a call
for prices

Please provide School Name and days per week _____ M Tu W Th F

We **do not** credit you for vacation from school, sick days, or for which you leave on vacation. August and June will be the only months that will be pro-rated. MMA will offer winter and summer camps for an additional charge.

Please let us know if you child(ren) will be absent or wont need pick up, this will help our drivers update their route.

We **require** a month paid notice for termination of this contract. Please understand that we only have a limited amount of seats available so the contract is for the school year. Autopay is **required**

- Please list any illnesses of conditions which may limit your ability to participate in activities:
