



International Karate Center of New York
9 Davison Avenue Oceanside, NY 11572
(516) 536-7050

Attach
Photo
Here

STUDENT ENROLLMENT FORM

Last Name	First Name	Date of Birth	Age	Sex	Maximum Lessons	Maximum Time:
Address: E-Mail Address:				Home Phone: Work: Cell Phone:		
Parent's Name:		Single / Married /Divorced				
Occupation:						
Relevant Medical Information:						

Exam Record	Yellow	Orange	Blue	Purple	Green	Brown 1	Brown 2	Brown 3	1 st Black
Date									

Financial Information:

1. Membership: 6 Month Monthly Yearly	5. Type of Payment: Cash Check Credit Card
2. Age Group: Little Ninja/Samurai Juniors/Adults	If Credit Card: Visa Master Card Am Ex
3. Payment Plan: Pay in Full Monthly	Credit Card #: _____
4. Down Payment:	Expiration Date: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
20												
Amt												
Date												
Late Fee												
20												
Amt												
Date												
Late Fee												

Promissory Note & Payment Schedule

The undersigned, jointly and severally, for value received promises to pay the order of THE INTERNATIONAL KARATE CENTER OF NEW YORK, the sum of _____ Dollars (\$ _____) each, all payable on the same day of each month, commencing on the ____ day of _____, with the final installment _____ Dollars (\$ _____) payable on the _____ day of _____, _____ representing the balance hereof.

If any installment of this Note is not paid at the time and place specified herein, the entire balance hereunder shall become due and payable forthwith at the election of the holder of the Note. Failure of the Note holder to exercise his rights under this Note shall not constitute a waiver of said rights.

The undersigned, all sureties, endorsers and guarantors, hereof, hereby and severally waive demand or presentment for payment, notice of dishonor, protest and notice of protest, and hereby agree to pay, upon default of any payment hereof reasonable expenses of the holder of this Note in enforcing its collection.

THIS NOTE IS SUBJECT TO THE AGREEMENT ON THE REVERSE SIDE

STUDENT: _____ DATE: _____

CO-OBLIGER: _____ DATE: _____

The student is entitled to a copy of this disclosure form and agreement and the student hereby acknowledges receipt of a copy thereof. **READ REVERSE SIDE BEFORE SIGNING. SIGNATURE ON NOTE IS ALSO YOUR CONSENT TO THE AGREEMENT ON THE REVERSE SIDE.**