



Dear Parent,

We of Kim's Hapkido School, with the cooperation of Oneonta Montessori, would be proud to be part of your child's development. We offer Hapkido (Karate) classes led by Ms. Castle of [Kim's Hapkido](#). Classes will be once a week, every Friday from 3pm to 3:40(for Ages 4-5), 3:40pm to 4:20pm (for Ages 6 & up).

Tuition will be **\$22** per class if purchased in a **pack of 10 or more**. If you would like to pay for only a month at a time, classes are **\$25 each**. Any missed classes will be carried over to the next month. A uniform and belt must be purchased for **\$50** (which will be provided on the first day your child starts classes). Therefore, a total of however many classes you would like to purchase plus \$50 is due to begin classes.. You are able to pay by check made out to Kristina Castle. Venmo @Kristina-Castle-1 or Zelle 626-298-3687.

Hapkido is a great way for your kids to have [fun](#), learn [self-defense](#), increase [self-confidence](#), improve [discipline](#) and develop [motor skills](#), all at the same time! And, the best part is that all the classes will be taught at **Oneonta School**, so there is no need to worry about dropping off and picking up your kids from Hapkido class.

**If you would like for your child to attend Hapkido Classes please fill out this form and email it to [Hapkidokc@gmail.com](mailto:Hapkidokc@gmail.com), or Text 626-298-3687** Payment must be paid in your preferred way before your child can start classes.

We have been part of the San Gabriel Valley for over 60 years. With 4 schools in So. California, we welcome you to be a part of our family.

Truly Yours,

**Head Instructor Kristina Castle**

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**Please fill out and Email [Hapkidokc@gmail.com](mailto:Hapkidokc@gmail.com) or Text 626-298-3687**

I, Undersigned, do hereby voluntarily submit my application for participation and attendance for Hapkido class in Oneonta school and do hereby release all rights and claims for any injuries, loss and damage, which may hereafter occur to me or which I may have against Kim's Hapkido and all individuals and/or principals involved with the class or in arranging and conducting this class; and any/and all injuries, loss and damage sustained by me (my son/daughter) at or in any way connected with said classes.

**Child's Name:** ..... **Age:** ..... **Date of Birth:** ...../...../...../.

**Address:** ..... **Tel:** ( ) - ..... -- .....

**City:** ..... **State:**..... **Zip Code:**...../ **E-Mail Address:** .....

**Parent name: ([Please Print](#))** .....

**Signature:**..... **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_.

**Parent or Guardian's Signature**

**725 Fair Oaks Ave. South Pasadena, CA 91030. [Tel:\(626\)799-7979](tel:(626)799-7979).**

**947 E. Main St. Alhambra, CA 91801. [Tel: \(626\)289-7979](tel:(626)289-7979).**

**[www.kimshapkido.com](http://www.kimshapkido.com)**