



Hello Families,

Enclosed you will find the FRA summer karate 2026 registration packet. This session will begin on July 1, 2026 and end on August 26, 2026.

The registration deadline is June 26, 2026.

Within this packet you will find the wellness program calendar, registration form, and info forms. Depending on the number of people registered, classes may need to be combined.

Please complete and return the registration form along with your completed contact info forms to Alexis Spektor aspektor@frainc.org and Christy Boyd cboyd@frainc.org.

Payment for fall classes must be made by June 30, 2026. Click this link to pay online. You may contact Janine-Bedford Sims at jbedfordsims@frainc.org to work out a payment plan. **No one can begin summer karate until FRA receives payment or a payment plan is in place.**

Thank you,
Alexis Spektor

2025-2026 Program Calendar

September 2025						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

October 2025						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

November 2025						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

December 2025						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

January 2026						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

February 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28

March 2026						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

April 2026						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

May 2026						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

June 2026						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

July 2026						
Su	Mo	Tu	We	Th	Fr	Sa
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

August 2026						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

	<u>MONDAY</u>	<u>TUESDAY</u>	<u>WEDNESDAY</u>	<u>THURSDAY</u>	<u>FRIDAY</u>
Forward Futures 2025-26	37 weeks	41 weeks	40 weeks	39 weeks	38 weeks
Forward Futures Summer 2026	9 weeks	9 weeks	9 weeks	9 weeks	No Program

FRA Wellness
July 1 - August 26, 2026
Summer Registration Form

Name _____

Please check off the class you wish to attend from July 1 - August 26, 2026.

Red Bank Wellness

KARATE				
WEDNESDAY	Karate with Jay		5:15-6:15 PM	\$180
			6:30-7:30 PM	\$180

Payment

Payment info must be selected in order for your registration to be processed.
Payment must be made or a payment plan signed by June 30 in order to start class on July 1.

Online payment

Check payment Check # _____ Amount _____

Credit card Visa Mastercard Discover American Express

Credit card # _____

Expiration date _____ CVC code _____ Billing zipcode _____

Billing address _____

I authorize a one-time payment of \$ _____ to be made to the credit card listed above by FRA.

Please make any checks payable to FRA and mail to 210 Newman Springs Road E, Red Bank, NJ 07701
For security purposes FRA does not and will not keep a record of your credit card information.

Personal Information

Student's Full Name _____

Date of Birth _____

Gender _____

Parent/Guardian Names _____

Address _____

Home Phone _____

Cell Phone _____

Parent/Guardian Email _____

Student Email _____

Support Coordinator Name _____

SC Email _____

SC Phone _____

Emergency Contact Name _____

Phone _____

Emergency Contact Name _____

Phone _____

Participants must demonstrate the ability to accept and follow reasonable rules and to behave respectfully toward others. They must also have sufficient emotional/behavioral stability and independent ability to participate in all aspects of the program.

Name of Participant _____

Date _____

A person over the age of 18 is considered their own legal guardian unless someone else has been appointed by the courts.

Self Guardian _____

Name of Legal Guardian _____

Relationship of Legal Guardian _____

If your personal or contact information changes, you must notify FRA in writing.

Medical Information

Diagnosis _____

Accomodations

Allergies

Cardiac Y N Seizures Y N Diabetes Y N

Please explain any medical or physical concerns (ie. cardiac, seizures, diabetes, mobility, etc.)

Fears/Concerns/Behaviors (please provide triggers for behaviors and suggestions of best intervention strategies)

If your medical information changes, you must notify FRA in writing.

FRA Consent Form

As part of FRA programs, photos and videos will be created during various activities. FRA would like to use some of these photos and videos on our websites for promotional and educational publications. Please indicate your consent below.

Student's Full Name _____

Photo Release Consent:

- I hereby consent to and authorize FRA, to reproduce and use photographs/video/audio recordings, in any print, online, social media, social networking and audio/visual-based materials, as well as other promotional and educational publications as well as the FRA website.
- I do not approve of my student's photo or video being used in any format.

Parent/Guardian Name _____

Date _____

If you wish to change your consent preferences at any time, you must notify FRA in writing.