

Kid~Space LLC

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After-School 2016- 2017 Enrollment Packet

Student's Name _____ Date of Birth _____

Entering Grade _____ School Attending _____

Street Address _____

City _____ State _____ Zip Code _____

Best Daytime/Emergency Contact & Number _____

Parents/Guardians Contact Information

Names _____

Address (if different from above) _____

City _____ State _____ Zip Code _____

Home Phone _____ Mom's Cell _____

Dad's Cell _____ Mom's Work _____

Dad's Work _____

Tell us about your child: Every child is unique, please use this space to fill us in on any concerns you may have, and also make us aware of any behavioral or developmental issues affecting your child in order to better assist us in caring for him/her.

Allergies/Medical Conditions:

Please list any and all allergies or medical conditions

Emergency Contact Information

Name: _____ Phone: _____

Relationship to Child _____

Name: _____ Phone: _____

Relationship to Child _____

Name: _____ Phone: _____

Relationship to Child _____

Release for pick up

Please name 3 people in addition to you or your spouse who may sign out your child from our center without prior written permission. These individuals will be allowed to remove your child from our care without contact from you, after showing a valid driver's license. (Id will be required)

_____ Name

_____ Relationship to Child

_____ Name

_____ Relationship to Child

_____ Name

_____ Relationship to Child

Please notify the Director in writing of any persons who are to have no contact with your child. Please include a copy of any **No Contact Order** per any court decision. This includes custody disputes.

By signing below, you state that that you have read and agree to the rules and conditions outlined in the **Kid Space Summer Camp Policies and Procedures**.

Media Release:

I understand that both still and video images may be taken of my child and may be used in advertising material or on Kid Space/ Sochin Martial arts websites, as well as posted to our Facebook page.

_____ Parent/Guardian Signature _____ Date

Child's Name _____ School _____

I understand that by registering my child (children) for After School, I am entering into a binding contract with Kid Space LLC. By enrolling my child or children for semester 2 of after-school care I am agreeing to pay for these weeks, regardless of attendance or circumstance. Initial _____

Semester 1: August 15th - December 16th Totals 18 weeks

Total Amount Due for Semester 2 (include registration if any)\$_____. Initial _____

Deposit Amount \$_____(Registration and 1st week)

Total Remainder Owed \$_____. Initial _____

Payments may be made weekly in the amount of \$_____. Initial _____

No credits will be given for absences.

Once the contract is signed, it is NOT SUBJECT TO CANCELLATION. Initial _____

Payment Policy

I understand tuition is paid ahead. Payments are due on Fridays, for the upcoming week. Payments not made by Monday at 6:30pm will be considered late, and subject to a \$20 late fee. This fee will be added to my account and charged to my credit card on file. initial _____

Late Pick Up Fees

I understand Kid~Space After-school is open from 6:30 am until 6:30pm. A \$1 a minute late fee will apply after 6:35pm. This fee will be added to my account and charged to my credit card on file. initial _____

Vacation Policy

Each student receives 1 vacation week for each calendar school year, which may be applied to any 1 week. This is not 5 days to be applied separately, but as one full week. Vacation requests must be submitted in writing 14 days prior to use. initial _____

I have read and understand the Kid~Space contract. I agree that my credit card may be charged in the event I do not make payments as specified in this contract. I understand that my card may be charged weekly for any outstanding fees owed on my account, including tuition, late fees, returned check fees, or unpaid lunch fees.

Please be sure to visit our website to view the complete Policy & Procedures.

A Master Card or Visa card must be held on file to complete registration.

Please Auto Charge my Account Weekly _____ Card Type Master Card _____ Visa _____

Credit Card Number: _____ Exp Date _____

Billing Street Address _____

Billing Zip Code _____ Name on Card _____

Card Holder Signature

Date

Kid Space Afterschool Field Trip/Medical Release Form

As the parent/guardian of _____, I hear by grant consent for him/her to participate in Kid Space approved field trips while enrolled in After School from August 15th 2016 - June 2nd , 2017. I have been advised in writing or by verbal notification of all trips available to my child over the course of the summer, including destinations, dates and travel arrangements.

It is my understanding that Kid Space will advise me by written or verbal notification of any changes to the posted schedule in sufficient time to enable me to communicate any withdrawal of consent for the specific trip or activity. Trip changes will be posted in the front lobby.

I understand that Kid Space LLC and it's subsidiaries will be held harmless from any damages or claims that might arise from injuries out of any act or omission on the part of Kid Space as a result of such a trip or activity.

I understand that travel arrangements for my child include walking to locations within reasonable distances, such as other businesses in our plaza. When walking students will remain on sidewalks and off main roads. When driven my child will be in a Kid Space approved vehicle and driven by an approved driver. Although Kid Space vans will be the primary transportation, approved chaperoning parents will be allowed to transport my child as well with prior verbal notification.

Authorization for Treatment

As the parent/guardian of the above named student, I hear by give authorization to the staff of Kid Space LLC to transport my child to the nearest emergency room if for any reason they require minor medical treatment. I understand that emergency medical personal may be called to transport at the discretion of the director. I further authorize the hospital it's medical staff to administer treatment as deemed necessary for the well-being of said student.

I understand that the staff will make every attempt to notify me in all medical emergencies, and I will be contacted if possible for my permission if hospitalization or treatment of a serious nature is required.

I have read and understand the above and freely give my consent and permission of all things contained herein.

Parent/Guardian Signature Date

Child's Full Name _____

Child's Date of Birth _____ Child's Weight _____

Parent/Guardian Contact (best daytime number) _____