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## Afterschool Care Application 2011-12

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Entering Grade \_\_\_\_\_ School Attending in the Fall \_\_\_\_\_  
 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 condition

\_\_\_\_\_

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Relationship to Child \_\_\_\_\_

**Release for pick up**

If registering person is a minor, 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.

|       |                       |
|-------|-----------------------|
| _____ | _____                 |
| 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 Afterschool 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 website.**

|                           |       |
|---------------------------|-------|
| _____                     | _____ |
| Parent/Guardian Signature | Date  |

**Kid Space Afterschool Spring 2012 Contract**

I understand that by registering my child (children) for Aftercare, I am entering into a binding contract with Kid Space LLC.

My Child/Children \_\_\_\_\_ will be attending Kid Space for Session 2 (23 weeks) from January 2<sup>nd</sup>, 2012–June 8<sup>th</sup>, 2012 . Tuition includes all early release days.

Total amount due for Session 2 of Aftercare is \$\_\_\_\_\_.

This amount may be paid in full or in weekly installments of \$\_\_\_\_\_ per week.

**Tuition is due regardless of attendance; no credits will be given for absences. One week vacation is available per school year when requested in writing with 2 weeks notice. \_\_\_\_**

**Payment Policy: Tuition is paid ahead. Payments are due on Fridays for the upcoming week. All payments MUST be received by Monday at 6:30pm. Payments not received by Monday at 6:30pm will be subject to a \$20 late fee and will be charged to the credit card held on file. \_\_\_\_**

**I have read and understand the Kid Space Spring 2012 Aftercare contract. I agree that my credit card will be charged in the event I do not make payment as specified in this contract. I understand that my card may be charged weekly for any outstanding fees owed, including tuition, late fees, and returned check fees that should occur on my account. \_\_\_\_**

**A valid Master Card or Visa Credit Card must be held on file**

Please Auto Charge My Account weekly. Yes \_\_\_\_\_ No \_\_\_\_\_

Credit Card Type: Mater Card Visa

Credit Card number: \_\_\_\_\_ Exp date: \_\_\_\_\_

Name on the Card \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Billing Street Address \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

**Kid Space Afterschool Transportation/Medical Release Form**

As the parent/guardian of \_\_\_\_\_, I hear by grant

consent for him/her to be transported to and from school as well as participate in Kid Space approved field trips on Camp days while enrolled in Kid Space Aug 22<sup>th</sup> 2011-June 8<sup>th</sup> 2012.

I have been advised in writing or by verbal notification of all trips available to my child over the course of the school year, 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.

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 notification. Verbal approval will be required.

**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