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Summer Camp Registration 2011

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 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 website.

Parent/Guardian Signature Date

Summer Camp 2011 Enrollment week by week

Child's Name _____

Please indicate which weeks your child will & will not be attending Summer Camp.

Please choose only the weeks your child will attend, as you WILL BE CHARGED for these weeks regardless of attendance.

	Will Be Attending	Will NOT be Attending
Week 1 (June 13 th -17 th):	_____	_____
Week 2 (June 20 st -24 th)	_____	_____
Week 3 (June 27 th - July 1 st)	_____	_____
Kid Space will be closed July 4th		
Week 4 (July 5 th - 8 th)	_____	_____
Week 5 (July 11 th -15 th)	_____	_____
Week 6 (July 18 th -22 rd)	_____	_____
Week 7 (July 25 th -29 th)	_____	_____
Week 8 (August 1 nd -5 th)	_____	_____
Week 9 (August 8 th -12 th)	_____	_____
Week 10 (August 15 th -19 th)	_____	_____

Total weeks attending _____

Parent/Guardian Signature _____ Date _____

Kid Space Summer Camp Contract 2011

I understand that by registering my child (children) for summer camp, I am entering into a binding contract with Kid Space LLC. By choosing the number of weeks below that my child will attend I am committing to pay for these weeks regardless of attendance or circumstance. Number of weeks attending_____.

Total amount due for Summer Camp 2011 is \$_____.

Deposit Amount \$_____ Remaining Balance \$_____

To be paid in installments of \$_____ per week.

Tuition is due regardless of attendance; no credits will be given for absences. Students are guaranteed space only for those weeks reserved on the enrollment form. Once the contract is signed, weeks CAN NOT be exchanged.

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 2011 Summer Camp Contract. I agree that my credit card may 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 to complete registration

Please Auto Charge My Account Weekly

Credit Card Type: Mater Card Visa

Credit Card number: _____ **Exp date:** _____

Name on the Card _____ **Billing Zip Code** _____

Card Holder Signature

Date

**Kid Space Summer Camp 2011
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 Summer Camp from June 13th - August 19th, 2011.

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.

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