



462 SW Port Saint Lucie BLVD, Port Saint Lucie FL 34953

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Summer Horse Camp 2024 Enrollment Packet

Student's Name_____	Date of Birth_____
Entering Grade_____	School Attending_____
T Shirt Size_____	
Street Address_____	
City_____	State_____
Zip Code_____	
Best Daytime/Emergency Contact & Number_____	
Email For billing receipts_____	

Parents/Guardians Contact Information

Names_____	
Address (if different from above)_____	
City_____	State_____
Zip Code_____	
Parent 1 Name_____	Parent 2 Name_____
Parent 1 Cell_____	Parent 2 Cell_____
Parent 1 Work_____	Parent 2 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

Dietary Restrictions:

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/Wish Me Luck Farms websites, as well as posted to our Facebook or Instagram.

Parent/Guardian Signature

Date

Kid Space Summer Camp 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 Spring Break or Summer Camp from March 10th, 2024 - August 10th, 2024. 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) _____