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### Kid Space Activity Registration

Student's Name \_\_\_\_\_ AGE \_\_\_\_\_

Please Check Class Attending : Art Class \_\_\_\_\_ JiuJitsu \_\_\_\_\_ Other \_\_\_\_\_

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 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 Activities Medical Release Form

As the parent/guardian of \_\_\_\_\_, I hear by grant consent for him/her to participate in Kid Space \Sochin Martial Arts rPrograms September 1st, 2023 - 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.

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Parent/Guardian Signature

Date

Child's Full Name \_\_\_\_\_

Child's Date of Birth \_\_\_\_\_ Child's Weight \_\_\_\_\_

Parent/Guardian Contact (best daytime number) \_\_\_\_\_

Kid~Space Activity Payment Form  
2023/2024

I understand that by registering my child (children) for the Before/Aftercare program, I am entering into a binding contract with Kid Space LLC. By choosing the weeks my child (children) will attend on page 1 of this contract I am agreeing to pay for these weeks, regardless of attendance or circumstance.

Initial\_\_\_\_\_

Total Number of Programs Attending \_\_\_\_\_. Initial\_\_\_\_\_

Total Amount Due for the first month \$\_\_\_\_\_ Initial\_\_\_\_\_

Deposit Amount \$\_\_\_\_\_

Payments may be made Monthly in the amount of \$\_\_\_\_\_. Initial\_\_\_\_\_

No credits will be given for absences. Students are guaranteed space only for those weeks reserved in this contract. Once the contract is signed, WEEKS CAN NOT BE EXCHANGED. Initial\_\_\_\_\_

Payment Policy

I understand tuition is paid ahead. Payments are due on the First of each month, for the upcoming month. Students may not attend classes unless tuition is up to date. 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

Please Auto Charge my Account Monthly \_\_\_\_\_ Card Type Master Card \_\_\_\_\_ Visa\_\_\_\_\_

Credit Card Number:\_\_\_\_\_ Exp Date\_\_\_\_\_

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

Billing Zip Code\_\_\_\_\_ Name on Card \_\_\_\_\_ 3 Digit Code\_\_\_\_\_

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

\_\_\_\_\_  
Date