



**Kid-Space 2010 Summer Camp
Registration Form**

Name of Child _____

Age _____ Date of Birth _____

School _____ Entering Grade _____

Parents/Guardian Contact Information

1. Name _____

Address: _____

Email Address: _____

Home: _____ Cell: _____

Work: _____

2. Name _____

Address: _____

Email Address: _____

Home: _____ Cell: _____

Work: _____

Allergies/Medical Conditions:

Please list any and all allergies or medical conditions.

Tell Us About Your Child

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

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
_____ Name	_____ Relationship
_____ Name	_____ Relationship

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**.

_____ Parent or Guardian Signature	_____ Date
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