

WINTER BREAK 2016

ENROLLING NOW!

There is

SNOW

place like...

WESD KidSpace



**CHILD CARE IS OFFERED
DECEMBER 23, 2016 – JANUARY 6, 2017
6:30 A.M. – 6:00 P.M.**

CHOOSE A CONVENIENT LOCATION...

LOOKOUT MOUNTAIN

15 W. Coral Gables
602-896-5991

SUNBURST

14218 N. 47th Ave.
602-896-6415

WASHINGTON

8033 N. 27th Ave.
602-347-3415

**ALL K-8
STUDENTS
WELCOME!**



WINTER BREAK ACTIVITIES:

MONDAY 12/26/16	TUESDAY 12/27/16	WEDNESDAY 12/28/16	THURSDAY 12/29/16	FRIDAY 12/30/16
KIDSPACE CLOSED	*Tissue Paper Penguin *Frozen Hands *Penguin Shuffle *Snowball Race	*Icy Jell-O Art *Marshmallow Play-dough *Jack Frost Game *Snowflake Relay	*Chalk Snowscapes *Erupting Snowballs *Winter 20 Questions *Marshmallow Snow Fight	*Pretzel Snowflakes *Making Frost *Winter Tic-Tac-Toe *Winter Pictionary
MONDAY 1/2/17	TUESDAY 1/3/17	WEDNESDAY 1/4/17	THURSDAY 1/5/17	FRIDAY 1/6/17
KIDSPACE CLOSED	*3-D Snowflakes *Snow Storm In A Jar *Snowball Relay *Winter BINGO	*Melted Snowman *Shave Cream Play-dough *Shoe Box Skating *Human Snow Blower	*Icicle Craft *Yarn Snowballs *Jelly Slime *Dress Snowman Race	*Cotton Snowflake Magnet *Play Snow *Indoor Snowball Fun *Snowball Game

– Complete and return the contract (on the reverse side) to your home school –

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER.

WESD KidSpace

2016 Winter Break Contract

December 23, 2016 through January 6, 2017



Please indicate desired site: ☐ Lookout Mountain 15 W. Coral Gables 602-896-5991 ☐ Sunburst 14218 N. 47th Ave. 602-896-6415 ☐ Washington 8033 N. 27th Ave. 602-347-3415

Student Name: _____ Grade: _____ Home School: _____
 Parent/Guardian Name: _____ E-mail: _____
 Phone #1: _____ Phone #2: _____ Phone #3: _____

Is this student currently enrolled in KidSpace? Yes ☐ No ☐

Special Accommodations/Medical Conditions: _____

FEE CLASSIFICATION: (mark one option)

Full Tuition Client: _____ WESD Employee: _____ Sibling: _____ (Applies to Oldest Children)
 ECE: _____ (List Current Contracted Hours)

DES Copay: Full-Day \$ _____ Half-Day \$ _____

DES clients: Coverage must be changed to the Winter Break site no later than 12/16/16.

DES clients must prepay their co-pay to secure a reservation.

COSTS & FEES:

- Individual Contracted FULL-DAY Charge: \$25 per child
- Individual Contracted HALF-DAY Charge (5.75 hr. maximum): \$18 per child
- All tuition fees due with contract and payable by check or money order
- Parents are responsible to pay for all days selected on the Winter Break Contract**
- No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK**
- \$25 cancellation fee per child if canceling after 12/22/16**
- \$25 registration fee is charged per child if registration is received after 12/16/16**
- \$30 daily rate for non contracted days used
- \$3/minute per child will be charged for late pick up after 6:00 p.m.
- Multi-child (older siblings)/Employee Discount: Full-Day-\$20 per child or Half-Day-\$15 per child

No contracts accepted without a blue emergency card, immunization record & full payment. Due to HOME SCHOOL site by 12/16/16. Home school site will be responsible for forwarding information to Winter Break sites.

SUMMARY OF FEES:

Registration Fee (after 12/16/16)	\$25
Contracted FULL-DAY	\$25
Contracted HALF-DAY	\$18
Discounted Contracted FULL-DAY	\$20
Discounted Contracted HALF-DAY	\$15
Non-Contracted FULL-DAY	\$30
Non-Contracted HALF-DAY	\$23
Discounted Non-Contracted FULL-DAY	\$25
Discounted Non-Contracted HALF-DAY	\$20
DES Non-Contracted HALF/FULL-DAY	\$1
Late Pickup - per minute	\$3
Cancellation Fee	\$25
Nonsufficient Funds	\$25

***** **LUNCH MUST BE BROUGHT FROM HOME** *****

INDIVIDUAL FULL or HALF-DAY OPTION:

	Friday 12/23/16	Tuesday 12/27/16	Wednesday 12/28/16	Thursday 12/29/16	Friday 12/30/16	Tuesday 1/3/17	Wednesday 1/4/17	Thursday 1/5/17	Friday 1/6/17
FULL-DAY: (check box)									
HALF-DAY: (check box)									
CHARGE:									

TOTAL DUE TO HOME SCHOOL SITE ON OR BEFORE 12/16/16: \$ _____

I have received, read and understand all the terms and conditions of this contract and I agree to be bound by those terms and conditions. I agree to pay for all days contracted. This contract is effective 12/23/16 through 1/6/17.

Parent/Guardian Signature

Date

Daytime Phone

- Staff Use Only -

Contract, Emergency Card,
Shot Records and
Payment Received By: _____

Name

Date

Contract Entered By: _____

Name

Date