

STEAM into Spri

CHILD CARE IS OFFERED 6:30 A.M. TO 6:00 P.M.

CHOOSE A LOCATION TO ATTEND ...

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



TECHNOLOGY ENGINEERING

ART

MATH

SPRING BREAK ACTIVITIES...

MONDAY 3/20/17			THURSDAY 3/23/17	FRIDAY 3/24/17	
 Egg Patterning Jelly Bean	 Foaming Slime Spinning Eggs Paper Flashlights Build-A-Catapult Beauty And The Beast Challenge 	 Giant Bubbles Egg-celent Weight Mystery Got Peeps? Build-A-Ramp Goldilocks Challenge 	 Seed Lollipops Bird Beak Exploration Parking Lot Math Game Snack Time Structures 	 Flipped Water Cup Paper Airplane Launch Jack In The Beanstalk Challenge STEAM Tag 	

ASK ABOUT DAILY RATES AND MULTI-CHILD DISCOUNTS!

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



March 20 through 24, 2017

Please indicate desired site:		oral Gables	14218	urst N. 47th Av 96-6415	e.	Washington 8033 N. 27th Ave. 602-347-3415	
Student Name:			Gra	nde:	_ Home	School:	
Parent/Guardian Name:			E-r	nail:			
Phone #1:		Phone #3:					
ls this student currently enrolled in	NidSpace	? Yes□ I	No□				
Special Accommodations/Medical Co	nditions: _						
FEE CLASSIFICATION: (mark one option)							
Full Tuition Client: WESD Emp ECE: (List Current Contracted Hours)	oloyee:	Sibling	: (Appl	ies to Oldest Cl	hildren)		
DES Copay: Full-Day \$ Half-Day \$						SUMMARY OF FEES:	
DES clients: Coverage must be changed to to DES clients must prepay their co-pay to secu			r than 3/10/17.		l -	tration Fee (after 3/10/17)	\$25
COSTS & FEES:				acted FULL-DAY acted HALF-DAY	\$25 \$18		
-Individual Contracted FULL-DAY Charge: \$25 per child						unted Contracted FULL-DAY	\$20
 Individual Contracted HALF-DAY Charge All tuition fees due with contract and pay 	Disco	unted Contracted HALF-DAY	\$15				
-Air tuttor rees due with contract and pay -Parents are responsible to pay for all				Contract		Contracted FULL-DAY	\$30
No credits for non-used days. DAYS			RRED WITH	IN WEEK		Contracted HALF-DAY unted Non-Contracted FULL-DA	\$23 V \$25
-\$25 cancellation fee per child if cance -\$25 registration fee is charged per chi			eived after 3/	10/17		unted Non-Contracted HALF-DA	
-\$30 daily rate for non contracted days us		Non-Contracted HALF/FULL-DAY					
-\$3/minute per child will be charged for la -Multi-child (<i>older siblings</i>)/Employee Disco	ild Late F	Pickup - per minute	\$3				
-Multi-child (<i>older siblings</i>)/Employee Discount: Full-Day-\$20 per child or Half-Day-\$15 per child No contracts accepted without a blue emergency card, immunization record						ellation Fee	\$25
<u>& full payment. Due to HOME SCHOOL</u>	site by 3/	10/17. Home	school site		Nonsu	ufficient Funds	\$25
responsible for forwarding information							
**************************************		BE BRO			HOM	E ******	***
	Monday 3/20/17	Tuesday 3/21/17	Wednesday 3/22/17	Thursday 3/23/17	7 Frida 3/24/		
HALF-DAY:(check box)							
FULL-DAY:(check box)							
CHARGE:							
TOTAL DUE TO HOME S	CHOOL SI	TE ON OR B	EFORE 3/10/	17: \$			
I have received, read and understand all the ditions. I agree to pay for	ne terms and or all days co	d conditions o ontracted. This	f this contrac s contract is e	t and I agre ffective 3/2	e to be bo 0/17 throu	und by those terms and ogh 3/24/17.	on-
	ture			Date		Daytime Phone	_
Contract, Emergency Card, Shot Records and Payment Received By: Name	Date	- Staff Use	•	Contract Ente	red By:	Name Date	_
Name	Date					rvario Date	