WINTER BREAK 2020









CHILD CARE IS OFFERED DECEMBER 18 - 31, 2020 6:30 A.M. - 6:00 P.M.



Lookout Mountain 15 W. Coral Gables 602-896-5991





FRIDAY 12/18/20

*Ice Skate Craft
*Mosaic Snowflakes
*Candy Cane Fishing
*Snowman Bowling

W						
MONDAY 12/21/20	TUESDAY 12/22/20	WEDNESDAY 12/23/20	THURSDAY 12/24/20	FRIDAY 12/25/20		
*Jingle Bell Toss	*Holiday Wreath Craft *Rocking Snowman *Grinch Hide & Seek *Snowball Race	*Ornament Craft *Holiday Poppers *STEAM Flying Reindeer *Santa's Parachute	KIDSPACE CLOSED	KIDSPACE CLOSED		
MONDAY 12/28/20	TUESDAY 12/29/20	WEDNESDAY 12/30/20	THURSDAY 12/31/20	FRIDAY I/I/2I		
*STEAM Cloud Dough	*New Year Slime *Bird Feeder Craft *Snowflake Painting *Score the Bacon Game	*Noise Maker Craft *Confetti Popper *Hoop Challenges *Frogs & Lilly Pads Game	*Icicle Craft *Hot Cocoa Activity *STEAM Basketball Tower Activity *Leaping Lizards Game	KIDSPACE CLOSED		

ASK ABOUT DAILY RATES AND MULTI-CHILD DISCOUNTS!



Name

Date





Name

Date

DECEMBER 18 THROUGH 31, 2020

Winter Break Camp Location:

Lookout Mountain 15 W. Coral Gables 602-896-5991

Student Name:				Gra	ade:	_ Home	School:		
Parent/Guardian Name:	E-r	nail:							
	Phone #3:								
ls this student currently en	rolled in K	idSpace?	Yes□ N	No□					
Special Accommodations/Me	dical Cond	itions:							
FEE CLASSIFICATION: (mark	k one option)								
Full Tuition Client: ECE:(List Current Con		ıployee: _		Sibling:	(Ap	oplies to Oldesi	Children)		
DES/SRP Copay: Full-Day \$ DES clients must prepay their co-pa Contracts will only be accepted whe	S ay to secure a	reservation				Stop	Date:		
COSTS & FEES:						SI	MMARY C)E EEES:	
-Individual Contracted FULL-DA -Individual Contracted HALF-DA -All tuition fees due with contract -Parents are responsible to pay -No credits for non-used days -\$25 cancellation fee per child if -\$25 registration fee is charged -\$3/minute per child will be char -Multi-child (older siblings)/Employe No contracts accepted withou & full payment. Due to KidSpa forwarding information to the	order Break Contr RRED WITH after 12/4/20 or Half-Day-\$ hization reco	Contract WITHIN WEEK 2/4/20 Day-\$20 per child or record sponsible for Contracted FULL-DAY Contracted HALF-DAY Discounted Contracted FULL-DAY Non-Contracted Day Late Pickup - per minute Cancellation Fee Nonsufficient Funds E BROUGHT FROM HOME			d FULL-DAY d HALF-DAY ate	\$20 \$35 \$3 \$25 \$25			
	Friday 12/18/20	Monday 12/21/20	Tuesday 12/22/20	Wednesday 12/23/20	Monday 12/28/20	Tuesday 12/29/20	Wednesday 12/30/20	Thursday 12/31/20	
FULL-DAY: (check box)	12/10/20	12/2//20	12120	12/20/20	12/20/20	12/20/20	12/00/20	12/01/20	
HALF-DAY: (check box)									
CHARGE:									
TOTAL DUE TO I have received, read and undeconditions. I agree	erstand all th	e terms and	d conditions	of this contr	act and I ag	ree to be b /18/20 thro	oound by tho ugh 12/31/20	- ose terms ar).	ıd
Parent/Gua	rdian Signature				Date	<u> </u>	Daytime	Phone	
Contract, Emergency Card, Shot Records and Payment Received By:			- Staff Use (•	Contract Ente	red By:	Manage		