







December 17 through 31, 2021

Winter Break Camp Location:	Lookout Mountain
·	15 W. Coral Gables
	602-896-5991

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/SRP Copay: Full-Day \$____ Half-Day \$____ Start Date:____ Stop Date:_____ DES clients must prepay their co-pay to secure a reservation. **SUMMARY OF FEES:** COSTS & FEES: Registration Fee (after 12/3/21) \$25 -Individual Contracted FULL-DAY Charge: \$32 per child -Individual Contracted HALF-DAY Charge (5.75 hr. maximum): \$25 per child **Contracted FULL-DAY** \$32 -All tuition fees due with contract and payable by check or money order Contracted HALF-DAY \$25 -Parents are responsible to pay for all days selected on the Winter Break Contract Discounted Contracted FULL-DAY \$27 -No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK -\$25 cancellation fee per child if cancelling after 12/10/21 Discounted Contracted HALF-DAY \$20 -\$25 registration fee is charged per child if registration is received after 12/3/21 Non-Contracted Day \$35 -\$3/minute per child will be charged for late pick up after 6:00 p.m. -Multi-child (older siblings)/Employee Discount: Full-Day-\$27 per child or Half-Day-\$20 per child Late Pickup - per minute \$3 No contracts accepted without Emergency Information Card, Immunization Record **Cancellation Fee** \$25 & full payment. Due to KidSpace by 12/3/21. KidSpace site will be responsible for **Nonsufficient Funds** \$25 forwarding information to the Winter Break site. ****A NON-PERISHABLE LUNCH MUST BE BROUGHT FROM HOME**** **INDIVIDUAL FULL or HALF-DAY OPTION:** Tuesday Wednesday Thursday Friday Friday Monday Monday Tuesday Wednesday Thursday Friday 12/24/21 **FULL-DAY:** CLOSED (check box) HALF-DAY: (check box) **CHARGE:** TOTAL DUE TO KIDSPACE AT TIME OF REGISTRATION: \$ 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 12/17/21 through 12/31/21. Date Parent/Guardian Signature Davtime Phone - Staff Use Only -Contract, Emergency Card, Shot Records and Contract Scanned By: ___ Payment Received By: -Date Name Date