

WESD KidSpace

Early Childhood Enrichment Program for 4-year-olds is available at these WESD Schools!

Please call for more information:

Chaparral
602-896-5361

Lookout Mountain
602-896-5973

Orangewood
602-347-2979

Roadrunner
602-347-3115

KidSpace Early Childhood Enrichment Programs are proud to participate in the Arizona Quality First program! Quality First – a signature program of First Things First – partners with child care and preschool providers to improve the quality of early learning across Arizona. Visit <http://www.qualityfirstaz.com/> for more information.

Enrolling NOW!



8:00 - 11:30 a.m. Schedule:

8:00 a.m.: Breakfast Provided
8:00 - 11:30 a.m.: Early Childhood Instruction

Only
\$400
Per Month

8:00 a.m. - 3:00 p.m. Schedule:

8:00 a.m.: Breakfast Provided
8:00 - 11:30 a.m.: Early Childhood Instruction
11:30 a.m. - 3:00 p.m.: Lunch/Recess/Rest Time/Enrichment Activities

Only
\$480
Per Month

6:30 a.m. - 6:00 p.m. Extended Day Schedule:

6:30 - 8:00 a.m.: Enrichment Activities
8:00 a.m.: Breakfast Provided
8:00 - 11:30 a.m.: Early Childhood Instruction
11:30 a.m. - 3:00 p.m.: Lunch/Recess/Rest Time/Enrichment Activities
3:00 - 6:00 p.m.: Snack Provided/Enrichment Activities

Only
\$600
Per Month

A nonrefundable registration fee of \$50/child or \$75/family is due with first month tuition at time of registration. Children must be toilet trained. DES is accepted.



**Early Childhood Enrichment Program
2016-2017 School Year**

Start Date: _____

Please indicate desired site: **Chaparral**
3808 W. Joan De Arc
602-896-5361 **Lookout Mountain**
15 W. Coral Gables
602-896-5973 **Orangewood**
7337 N. 19th Ave.
602-347-2979 **Roadrunner**
7702 N. 39th Ave.
602-347-3115

Child's Name: _____ **DOB:** _____

Parent's Name: _____

Address: _____

City: _____ **AZ** **ZIP:** _____

Home Phone #: _____

Cell #: _____ **Work #:** _____

E-mail: _____

Does your child currently have an IEP, 504 plan, medical conditions that will require special accommodations?
 Yes No

Nonrefundable Registration Fee: \$50/child \$75/family

Please select one schedule of attendance:

- Monday through Friday, 8:00 - 11:30 a.m. \$400/month
- Monday through Friday, 8:00 a.m. - 3:00 p.m. \$480/month
- Monday through Friday, 6:30 a.m. - 6:00 p.m. \$600/month
- WESD Employee Rate \$_____/ month (\$340, \$408, \$510)
- DES Half-day Co-pay \$____ Full-day Co-pay \$____
- Quality First Scholarship Full \$____ Partial \$____

Please Note:

Additional hours are billed at \$18 for less than 6 hours; \$25 for 6 or more hours.

Late pick up fee of \$3 per minute will apply after 6:00pm.

Contract changes/cancellations with withdrawal form are due prior to the first day of each month.

By signing below, I am confirming that I have received additional billing policies and agree to all terms as stated in the WESD KidSpace Parent Handbook.

Yes, I do No, I do not give permission for my child to be photographed for WESD use only.

Parent Signature: _____ **Date:** _____

*For KidSpace
Staff Use Only:*

Received by _____
Total Amount Received \$ _____

Entered by _____
Check or Money Order # _____