WESD KidSpace

2017 SUMMER CONTRACT REVISION

May 24 through July 28, 2017

Please indicate desired site:

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

☐ **Chaparral**
3808 W. Joan De Arc
602-896-5315

☐ **Orangewood**
7337 N. 19th Ave.
602-347-2914

Student Name:_____

Any revision to contracted days must be submitted by the Thursday prior to week being changed or a $25 per week cancellation fee will be charged. Additional non-contracted days in attendance will be charged non-contracted rate if revision is not received by the Thursday prior deadline.

⇒ **I want to revise the following weeks:** _____
(Shade days you would like to attend for the weeks you listed above. This will override your previous contracts only for the weeks listed)

⇒ **I want to cancel ALL days for the following weeks:** _____
(There should be no shading for the weeks listed)

	FULL DAY					HALF DAY				
	M	T	W	TH	F	M	T	W	TH	F
Wk #1- May 24-26……	N/A	N/A				N/A	N/A			
Wk #2- May 29-June 2….	N/A					N/A				
Wk #3- June 5-9……..…										
Wk #4- June 12-16…..…										
Wk #5- June 19-23 ……										

	FULL DAY					HALF DAY				
	M	T	W	TH	F	M	T	W	TH	F
Wk #6- June 26-30……..										
Wk #7- July 3-7……....		N/A					N/A			
Wk #8- July 10-14……										
Wk #9- July 17-21 ……										
Wk #10- July 24-28…....										

Yes, I have received, read and understand all the terms and conditions of this contract.
I agree to be bound by those terms and conditions. This revised contract is effective for days selected above.
All other dates on original contract or previous revision forms will stay in effect unless noted above.
2017 KidSpace Summer Camp dates: May 24 through July 28, 2017.
Payments are due each Friday prior to weekly attendance. I agree to pay for all days contracted.

_____ Parent/Guardian Signature

_____ Date

_____ Daytime Phone

Facility Use Only:

Contract Revision Received By: (Staff Name)

_____

Date Contract Revision Received:

_____