

# FALL FUN!

**CHILD CARE IS OFFERED  
 6:30 AM - 6:00 PM**

Choose a Location...

**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

We Offer Daily Rates & Multi-child Discounts!

*Enrolling  
 Now!*



## FALL BREAK ACTIVITIES...

Monday 10/9/17	Tuesday 10/10/17	Wednesday 10/11/17	Thursday 10/12/17	Friday 10/13/17
<ul style="list-style-type: none"> <li>• Lemon Eruption</li> <li>• Straw Bubble Painting</li> <li>• The Ogre Game</li> <li>• Columbus Telescopes</li> </ul>	<ul style="list-style-type: none"> <li>• Ice Cream Cone Teepees</li> <li>• Tissue Paper Prints</li> <li>• Bean Bag Game</li> <li>• Pumpkin Slime</li> </ul>	<ul style="list-style-type: none"> <li>• Straw Tower Competition</li> <li>• Friendship Bracelets</li> <li>• Human Tic-Tac-Toe</li> <li>• Apple Cider Play Dough</li> </ul>	<ul style="list-style-type: none"> <li>• Liquid/Solid/Gas Putty</li> <li>• Pinecone Painting</li> <li>• Fruit Salad Game</li> <li>• Rolled Paper Structures</li> </ul>	<ul style="list-style-type: none"> <li>• Popsicle Stick Challenge</li> <li>• Why Leaves Change Color Experiment</li> <li>• Bead Pumpkins with Indian Corn</li> <li>• Elephant March</li> </ul>

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

# WESD KidSpace

## 2017 Fall Break Contract

### October 9 through 13, 2017

Please indicate desired site:  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

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Home School: \_\_\_\_\_

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 Copay: Full-Day \$ \_\_\_\_\_ Half-Day \$ \_\_\_\_\_

DES clients: Coverage must be changed to the Fall Break site no later than 10/4/17.

DES clients must prepay their co-pay to secure a reservation.

**COSTS & FEES:**

- Individual Contracted FULL-DAY Charge: \$25 per child
- Individual Contracted HALF-DAY Charge (5.75 hr. maximum): \$18 per child
- All tuition fees due with contract and payable by check or money order
- Parents are responsible to pay for all days selected on the Fall Break Contract**
- No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK**
- \$25 cancellation fee per child if canceling after 9/29/17**
- \$25 registration fee is charged per child if registration is received after 9/29/17**
- \$30 daily rate for non contracted days used
- \$3/minute per child will be charged for late pick up after 6:00 p.m.
- Multi-child (older siblings)/Employee Discount: Full-Day-\$20 per child or Half-Day-\$15 per child

**No contracts accepted without a blue emergency card, immunization record & full payment. Due to HOME SCHOOL site by 9/29/17. Home school site will be responsible for forwarding information to Fall Break sites.**

**SUMMARY OF FEES:**

Registration Fee (after 9/29/17)	\$25
Contracted FULL-DAY	\$25
Contracted HALF-DAY	\$18
Discounted Contracted FULL-DAY	\$20
Discounted Contracted HALF-DAY	\$15
Non-Contracted FULL-DAY	\$30
Non-Contracted HALF-DAY	\$23
Discounted Non-Contracted FULL-DAY	\$25
Discounted Non-Contracted HALF-DAY	\$20
DES Non-Contracted HALF/FULL-DAY	\$1
Late Pickup - per minute	\$3
Cancellation Fee	\$25
Nonsufficient Funds	\$25

\*\*\*\*\* **LUNCH MUST BE BROUGHT FROM HOME** \*\*\*\*\*

**INDIVIDUAL FULL or HALF-DAY OPTION:**

	Monday 10/9/17	Tuesday 10/10/17	Wednesday 10/11/17	Thursday 10/12/17	Friday 10/13/17
<b>HALF-DAY:</b> (check box)					
<b>FULL-DAY:</b> (check box)					
<b>CHARGE:</b>					

TOTAL DUE TO HOME SCHOOL SITE ON OR BEFORE 9/29/17: \$ \_\_\_\_\_

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 10/9/17 through 10/13/17.

\_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone

Contract, Emergency Card, Shot Records and Payment Received By: \_\_\_\_\_ - Staff Use Only - Contract Entered By: \_\_\_\_\_  
Name Date Name Date