REGISTER NOW FOR FALL BREAK CAMP!

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

Choose a Location...

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

FALL BREAK 2018

pec

Orangewood 7337 N. 19th Ave. 602-347-2914 Sunburst 14218 N. 47th Ave. 602-896-6415

## REGISTER EARLY, SPACE IS LIMITED!

## FALL BREAK ACTIVITIES...

| Monday  | Tuesday  | Wednesday   | Thursday  | Friday  |
|---|--|---|---|---|
| 10/8/18   | 10/9/18  | 10/10/18  | 10/11/18  | 10/12/18  |
| <ul> <li>Positive &amp;<br/>Negative Space<br/>Pumpkins</li> <li>Pumpkin Life<br/>Cycle</li> <li>Dissolving<br/>Pumpkins</li> <li>Pumpkin Feet</li> </ul> | <ul> <li>Color-Mixing<br/>Pumpkin<br/>Painting</li> <li>Edible<br/>Jack-O-Lanterns</li> <li>Candy Pumpkin<br/>Challenge</li> <li>Pumpkin<br/>Penny Toss</li> </ul> | <ul> <li>Pumpkin Magnets</li> <li>Apple Print<br/>Pumpkins</li> <li>Pin the Stem on<br/>the Pumpkin</li> <li>Mummy<br/>Wrap Game</li> </ul> | <ul> <li>Busy Pumpkins</li> <li>Pumpkin<br/>Sun Catcher</li> <li>Fluffy Pumpkin<br/>Slime</li> <li>Super Pumpkin<br/>Foot Race</li> </ul> | <ul> <li>Pumpkin Pie<br/>Play Dough</li> <li>Pony Bead<br/>Pumpkin</li> <li>Incredible<br/>Erupting<br/>Pumpkins</li> <li>Pass the Pumpkin</li> </ul> |

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

|   | K  |                               | ĔS                 | WES<br>Pac                      | D                                  | ,                                     |                                  |              |  |  |  |  |
|---|--|-------------------------------|--------------------|---------------------------------|------------------------------------|---------------------------------------|----------------------------------|--------------|--|--|--|--|
| 2018 Fall Break Contract  |  |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
| October 8 through 12, 2018  |  |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
| Diagon indi   |  |                               |                    |                                 |                                    | □ <b>c</b> .                          | unhurat                          |              |  |  |  |  |
| Please indi   | cate desired site:   |                               | Gables             | 7337                            |                                    | . 14<br>. 60                          | 218 N. 47th Ave.<br>02-896-6415  |              |  |  |  |  |
| Student Name:   |  |                               |                    | Grade:                          | Н                                  | Home School:                          |                                  |              |  |  |  |  |
| Parent/Guardian Name:   |  |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
| Phone #1: Phone #2:   |  |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
| Is this student cu  | irrently enrolled in F   | (idSpace?                     | Yes 🗆 No           |                                 |                                    |                                       |                                  |              |  |  |  |  |
| Special Accommo   | dations/Medical Cond   | litions:                      |                    |                                 |                                    |                                       |                                  | _            |  |  |  |  |
| FEE CLASSIFICA  | TION: (mark one option )   |                               |                    |                                 |                                    |                                       |                                  | _            |  |  |  |  |
| Full Tuition Client:  | WESD Emplo   | vee:                          | Sibling:           | (Applies to                     | Oldest Children                    | )                                     |                                  |              |  |  |  |  |
| Full Tuition Client:       WESD Employee:       Sibling:       (Applies to Oldest Child         ECE:       (List Current Contracted Hours)       DES Copay:       Full-Day \$ |  |                               |                    |                                 |                                    | SUMMARY OF FEES:                      |                                  |              |  |  |  |  |
| DES Copay: Full-  | Day \$ Half-Da   | ay \$<br>Fall Break site      | no later than      | 10/3/18                         |                                    |                                       | (after 9/28/18)                  | \$25         |  |  |  |  |
| DES clients: Coverage must be changed to the Fall Break site no later than 10/3/18.<br>DES clients must prepay their co-pay to secure a reservation.                          |  |                               |                    |                                 |                                    | Contracted FULL                       | . ,                              | \$25<br>\$25 |  |  |  |  |
| COSTS & FEES:   |  |                               |                    |                                 |                                    |                                       | -DAY                             | \$18         |  |  |  |  |
|   | ed FULL-DAY Charge:  |                               |                    |                                 |                                    | Discounted Contracted FULL-DAY \$2    |                                  | \$20         |  |  |  |  |
|   | ed HALF-DAY Charge (   |                               |                    |                                 |                                    | Discounted Cont                       | Discounted Contracted HALF-DAY   |              |  |  |  |  |
| -All tuition fees due with contract and payable by check or money order<br>-Parents are responsible to pay for all days selected on the Fall Break Contract                   |  |                               |                    |                                 |                                    | Non-Contracted FULL-DAY \$            |                                  | \$30         |  |  |  |  |
| -No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK  |  |                               |                    |                                 |                                    |                                       |                                  | \$23         |  |  |  |  |
| -\$25 cancellation fee per child if canceling after 9/28/18<br>-\$25 registration fee is charged per child if registration is received after 9/28/18                          |  |                               |                    |                                 |                                    | Discounted Non-Contracted FULL-DAY \$ |                                  |              |  |  |  |  |
| -\$30 daily rate for non contracted days used   |  |                               |                    |                                 | Discounted Non-Contracted HALF-DAY |                                       |                                  |              |  |  |  |  |
| -\$3/minute per child will be charged for late pick up after 6:00 p.m.<br>-Multi-child ( <i>older siblings</i> )/Employee Discount: Full-Day-\$20 per child or                |  |                               |                    | Half-Dav-\$15                   | per child                          | DES Non-Contracted HALF/FULL-DAY \$   |                                  | \$3          |  |  |  |  |
| No contracts accepted without a blue emergency card, immuniza   |  |                               |                    | 2                               | p =                                |                                       |                                  | \$25         |  |  |  |  |
| <u>&amp; full payment. Due to HOME SCHOOL site by 9/28/18. Home school site</u><br>responsible for forwarding information to Fall Break sites.                                |  |                               |                    |                                 | be                                 | Nonsufficient Fu                      | nds                              | \$25         |  |  |  |  |
| responsible for for   | warding information t  | o Fall Break                  | sites.             |                                 |                                    | L                                     |                                  |              |  |  |  |  |
| ************  | *** LUNCH MU   | JST BE                        | BROU               | GHT FR                          | OM H                               | OME ***                               | ***********                      | **           |  |  |  |  |
|   | <u>IN</u>  | DIVIDUAL                      | FULL or HA         | ALF-DAY OP                      | TION:                              |                                       |                                  |              |  |  |  |  |
|   |  | Monday<br>10/8/18             | Tuesday<br>10/9/18 | Wednesday<br>10/10/18           | Thursday<br>10/11/18               | Friday<br>10/12/18                    |                                  |              |  |  |  |  |
|   | HALF-DAY:(check box)   |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
|   | FULL-DAY:(check box)   |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
|   | CHARGE:  |                               |                    |                                 |                                    |                                       |                                  |              |  |  |  |  |
| I have received,  | AL DUE TO HOME SC<br>read and understand a<br>ditions. I agree to pay<br>Parent/Guardian Signatur<br>Card. | III the terms<br>for all days | and conditi        | ons of this co<br>This contract | ontract and<br>t is effectiv       | e 10/8/18 thr                         | bound by those<br>ough 10/12/18. | •            |  |  |  |  |
| Shot Records and<br>Payment Received By   |  |                               |                    | -                               | act Entered B                      | y:                                    |                                  |              |  |  |  |  |
| Name Date   |  |                               |                    |                                 |                                    | Name                                  | Date                             |              |  |  |  |  |