



## 2019 Fall Break Contract October 7 through 11, 2019



Name

Date

Please indicate desired site: 

Lookout Mountain 15 W. Coral Gables

□ Sunburst 14218 N. 47th Ave.  $\square$  Orangewood 7337 N. 19th Ave.

Name

Date

	602-89	0-5991	602	-896-6415	Ь	02-347-2914	
Student Name:							
Parent/Guardian Name:							
Phone #1:	Phone #2:			Phone #3:			
Is this student currently enrolled	in KidSpace	e? Yes□	No□				
Special Accommodations/Medical C	onditions: _						
FEE CLASSIFICATION: (mark one option	1)						
Full Tuition Client: WESD		:	Sibling:	(App	lies to Oldest Child	dren)	
DES/SRP Copay: Full-Day \$ Half-Day \$ Start Date:					Stop Date:		
DES clients must prepay their co-pay to secure a reservation.  Contracts will only be accepted when DES authorization has been received at camp location.  COSTS & FEES:							
					Registration Fee (after 9/27/19) \$25		
-Individual Contracted FULL-DAY Charge: \$25 per child					Contracted FULL-DAY \$25		
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					Contracted HALF-DAY \$1		\$18
-All tuttion rees due with contract and payable by check of money order -Parents are responsible to pay for all days selected on the Spring Break Contract					Discounted Contracted FULL-DAY \$20		\$20
-No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK					Discounted Contracted HALF-DAY \$15		\$15
-\$25 cancellation fee per child if canceling after 10/4/19 -\$25 registration fee is charged per child if registration is received after 9/27/19					Non-Contracted FULL-DAY \$3		\$30
-Any additional days added after 10/4/19 will be charged at the Non-Contracted rates							\$23
-\$30 daily rate for non contracted days used							\$25
-\$3/minute per child will be charged for late pick up after 6:00 p.mMulti-child (older siblings)/Employee Discount: Full-Day-\$20 per child or Half-Day-\$15 per child					Discounted Non-Contracted HALF-DAY \$20		
No contracts accepted without a blue emergency card, immunization record					DES/SKF Non-Contracted HALF/FULL-DAT \$1		
& full payment. Due to HOME SCHOOL site by 9/27/19. Home school site will be					1		\$3
responsible for forwarding information to Fall Break sites.					Nonsufficient Funds \$		\$25
**************************************			F-DAY OPT	ON:	OME *****		<b>Ψ2</b> 5
	Monday 10/7/19	Tuesday 10/8/19	Wednesday 10/9/19	Thursday 10/10/19	Friday 10/11/19		
HALF-DAY: (check box)							
FULL-DAY: (check box)							
CHARGE:							
TOTAL DUE TO HOME	SCHOOL S	ITE ON OR E	BEFORE 9/27/	19: \$			
I have received, read and understand conditions. I agree to pay	all the terms y for all days	and condition contracted. T	s of this contr his contract is	act and I agr effective 10/	ee to be boun 7/19 through	nd by those terms and 10/11/19.	l
Parent/Guardian Signature				Date	Daytime Phone		
Contract, Emergency Card, Shot Records and Payment Received By:		- Staff Use	-	Contract Entere	ed By:		