WESD KidSpace

2020 SUMMER CONTRACT REVISION

June 1 through July 31, 2020

Please indicate desired site:

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

☐ **Ironwood**
14850 N 39th Ave
602-896-5673

☐ **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 <u>revise</u> 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 <u>cancel</u> 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 20-22 …….	CANCELLED					CANCELLED				
Wk #2- May 25-29 ……..	CANCELLED					CANCELLED				
Wk #3- June 1-5 ……..										
Wk #4- June 8-12……										
Wk #5- June 15-19……										

	FULL DAY					HALF DAY				
	M	T	W	TH	F	M	T	W	TH	F
Wk #6- June 22-26……..										
Wk #7- June 29-July 3…					N/A					N/A
Wk #8- July 6-10……..										
Wk #9- July 13-17……..										
Wk #10- July 20-24……..										
Wk #11- July 27-31……..										

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.
2020 KidSpace Summer Camp dates: June 1 through July 31, 2020.
Payments are due each Friday <u>prior</u> 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)

_____

Contract Revision Scanned:
Staff _____ Date _____