





October 12 through 16, 2020

Please indicat	e desired site:	3808 W. Jo	arral 🗆	15 W. Cora	ountain I Gables	☐ Orangewood 7337 N. 19th Ave. 602-347-2914	
Student Name:				Grade: Home School:			
Parent/Guardian Name:				E-mail:			
Phone #1: Phone #2: Phone							
Is this student curre	ently enrolled	in KidSpac	æ? Yes□	No□			
Special Accommodat	ions/Medical (Conditions:					
FEE CLASSIFICATION	ON : (Mark One Opti	ion)					
Full Tuition Client: WESD Employee: Sibling: (Appl. ECE: (List Current Contracted Hours)							
DES/SRP Copay: Fu DES clients must prepay to Contracts will only be acc	ıll-Day \$ their co-pay to se	Half-l cure a reserva	ation.			Stop Date:	
COSTS & FEES:	optouo.: ==0					SUMMARY OF FEES:	
-Individual Contracted FULL-DAY Charge: \$32 per child -Individual Contracted HALF-DAY Charge (5.75 hr. maximum): \$25 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 cancelling after 10/9/20 -\$25 registration fee is charged per child if registration is received after 10/2/20 -\$3/minute per child will be charged for late pick up after 6:00 p.mMulti-child (older siblings)/Employee Discount: Full-Day-\$27 per child or Half-Day-\$20 per child No contracts accepted without a blue emergency card, immunization record & full payment. Due to KidSpace by 10/2/20. KidSpace site will be responsible for forwarding information to Fall Break sites. ***********************************						Registration Fee (after 10/2/20) Contracted FULL-DAY Contracted HALF-DAY Discounted Contracted FULL-DAY Contracted Weekly FULL-DAY Contracted Weekly HALF-DAY Discounted Weekly FULL-DAY Discounted Weekly FULL-DAY Late Pickup - per minute Cancellation Fee Nonsufficient Funds TOTAL DUE TO KIDSPACE	\$25 \$32 \$25 \$27 \$20 \$150 \$115 \$125 \$90 \$3 \$25 \$25
HALF-DAY:(check box)						ON OR BEFORE 10/2/20):
FULL-DAY: (check box)							
CHARGE:						\$	_
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 10/12/20 through 10/16/20.							
Parent/Guardian Signature Date						Daytime Phone	
Contract, Emergency Card Shot Records and Payment Received By:	l, Name	Date	- Staff Use	•	Contract Entered	d By: Date	