

More information is online at: www.wesdschools.org



## **2020 SUMMER CONTRACT**

June 1 through July 31, 2020

□ Ironwood 14850 N. 39th Ave. 602-896-5673	Lookout Mountain 15 W. Coral Gables 602-896-5991	Orangewood 7337 N. 19th Ave. 602-347-2914	
Student Name:	Grade Completed:	Home School:	
Parent/Guardian Name:	E-mail:		
Is student currently enrolled in KidSpace? $\Box$ No			
Names of siblings attending KidSpace: Does your child currently have an IEP, 504 plan, r			
Does your child currently have an IEP, 504 plan, r □ Yes □ No	nedical conditions that will require s	pecial accommodations?	
COSTS & FEES:		SUMMARY OF FEES:	
Full Tuition:       WESD Employee:       S         DES/SRP Copay:       Full Day \$       Half Day \$         DES/SRP Clients:       Coverage must be changed to the s	bling: (Applies to Oldest Children)	gistration Fee	\$55
DES/SRP Clients: Coverage must be changed to the s	ummer site no later than	ntracted FULL-DAY	\$25
May 8, 2020. DES clients must prepay their co-pay to	secure a reservation.	ntracted HALF-DAY	\$18
-Registration Fee: \$55 per child -All Registration Fees are NON-REFUNDABLE		counted Contracted FULL-DAY	\$20
-Individual Contracted FULL-DAY Charge: \$25 per chil	4	counted Contracted HALF-DAY	\$15
-Individual Contracted HALF-DAY Charge (5.75 hr. ma	ximum): \$18 per child	n-Contracted FULL-DAY	\$30
-All tuition fees due with contract and payable by check -Parents are responsible to pay for all days selecte		n-Contracted HALF-DAY	\$23
-No credits for non-used days. DAYS MAY NOT BE	TRANSFERRED WITHIN WEEK	S/SRP Non-Contracted HALF/FULL-DAY	\$1
-All contract changes are due by Thursday prior to -\$25 per week late cancellation fee will be charged	per child for any cancellation	counted Non-Contracted FULL-DAY	\$25
not received by the Thursday deadline	Dis	counted Non-Contracted HALF-DAY	\$20
-\$30 daily rate for non-contracted days used -\$3/minute per child will be charged for late pick up after	er 5:00 p.m.	e Pickup - per minute	\$3
-Multi-child (older siblings)/Employee Discount: Full-Day \$2	O per ohild Half Day \$15 per ohild	ncellation Fee - weekly	\$25
No contracts accepted without a blue emergency card, su	mmary of fees.	nsufficient Funds	\$25
immunization record and first week's payment.			
SHADE EACH BOX INDICATING THE DAY(	S) YOUR CHILD WILL BE ATTE	ENDING:	
FULL DAY HALF	DAY	FULL DAY HALF DAY	-
M T W TH F M T W     Wk #1- May 20-22   CANCELLED	TH F M LLED Wk #6- June 22-26	<u>T W TH F M T W TH</u>	F
Wk #2- May 25-29 CANCELLED CANCE		N/A	N/A
Wk #3- June 1-5	Wk #8- July 6-10		
Wk #4- June 8-12	Wk #9- July 13-17		
Wk #5- June 15-19	Wk #10- July 20-24		
	Wk #11- July 27-31		
<ul> <li>☐ Yes □ No I grant permission for staff to appl</li> <li>☐ Yes □ No I grant permission for my child to</li> </ul>	y sunscreen. De photographed for WESD use only.		
Yes, I have received, read and understand all the terms and This contract is effective from June 1 through July 31, 2 pay for all days contracted. All KidSpace balances mus	020. Payments due each Friday <u>prior</u> to eac	h week of attendance. I agree to	IS.
Parent/Guardian Signature	Date	Daytime Phone	-
Contract, Emergency Card, Summary of Fees, Field Trips, Shot Records and Payment Received By:	• <b>Staff Use Only -</b> Contract Scanned B	y: Name Date	_

Please indicate desired site: