



SCHOOL CLOSURE CAMP!

The WESD will offer a special KidSpace Childcare Camp for ALL WESD STUDENTS & SCHOOL-AGE CHILDREN of WESD STAFF for the duration of school closure days at the following WESD Schools: Acacia, Abraham Lincoln Traditional, Chaparral, John Jacobs, Lookout Mtn., Ocotillo, Orangewood, Richard E. Miller, Roadrunner, Sunburst, Sunset, Sweetwater and Tumbleweed.

LIMITED SPACE!
Based on Staff Availability.



TIME: 7:00 a.m. to 5:00 p.m.

FEE: \$20 each day

•First Come, First Served•

*** LUNCH & BREAKFAST WILL BE PROVIDED *** BRING AN AFTERNOON SNACK ***

List the KidSpace School Closure Camp location you will attend: _____

Student Name: _____ Grade: _____ Home School: _____

Parent/Guardian Name: _____ E-mail: _____

Phone #1: _____ Phone #2: _____ Phone #3: _____

Child currently enrolled in KidSpace? Yes No Special Accommodations/Medical Conditions: _____

FEE CLASSIFICATION: (mark one option)

Full Tuition Client: _____ WESD Employee: _____

ECE: _____ (List Current Contracted Hours)

DES/SRP Copay: Full-Day \$ _____

DES/SRP clients: Coverage must be changed to the WESD site you are attending.

DES/SRP clients must prepay their co-pay to secure a reservation.

SUMMARY OF FEES:

Contracted FULL-DAY	\$20
Late Pickup - per minute	\$3
Nonsufficient Funds	\$25

COSTS & FEES:

-Individual Contracted FULL-DAY Charge: \$20 per child, per day

-All tuition fees due with contract and payable by check or money order

-Parents are responsible to pay for all days selected on this Contract

-No credits for non-used days. DAYS MAY NOT BE TRANSFERRED WITHIN WEEK.

-When school closure ends, any pre-payment will be credited to KidSpace account or refunded within 30 days.

-\$3/minute per child will be charged for late pick up after 5:00 p.m.

No contracts accepted without blue emergency card, immunization record & full payment. Due to HOME SCHOOL site.

	Thursday 4/26/18	Friday 4/27/18	Other Date: _____	Other Date: _____	Other Date: _____	Other Date: _____	Other Date: _____
FULL-DAY: (check box)							
CHARGE:							

TOTAL DUE TO KIDSPACE SCHOOL SITE: \$ _____

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 during the WESD School Closure Dates.

Parent/Guardian Signature

Date

Daytime Phone

- Staff Use Only -

Contract, Emergency Card,
Shot Records and
Payment Received By: _____

Name

Date

Contract Entered By: _____

Name

Date