Preschool Fall Break Day Camp Registration Form
October 8th to 12th
Located at Desert Meadows School 6855 West Meadows Loop East Laveen

Held at Desert Meadows School

Child's Name_____ Birth date _____ Age_____ Grade_____ Home school _____
Parents Name_____ Contact phone number_____ E-mail_____

Plans (circle the fee of the plan for which you are registering)	Fees	
Full Week full time 6:30 to 6:00	$130.00	**If currently attending full time preschool**
Full Week full time 6:30 to 6:00	135.00	**If not currently attending the full time preschool program**
Full Week part time 7:30-2:30	$110.00 for the week	plus a dollar a minute after 2:30
Full Week part time 8:00-3:00	$110.00 for the week	plus a dollar a minute after 3:00
Three Day Rate 6:30-6:00	$90.00	Circle days attending October 8, 9, 10, 11, 12
Drop In	$35.00 a day	Circle days attending October 8, 9, 10, 11, 12

Please circle plan

____ (Initial) I have read, understand, and agree to adhere to the parent handbook and payment policies.
____ (Initial) NO CREDIT will be given for days that are not used.
____ (Initial) I understand the fee pays for direct operating cost; staff, snacks, materials, etc., which are all available to your child. When you enroll you are reserving time, space, staffing, and provision for your child whether he/she attends or not.
____ (Initial) **Each child will need to bring a sack lunch.**
____ (Initial) I give permission for my child to be photographed or videotaped in a child care setting, including public programs provided by schools, and have the pictures and/or videotapes reproduced in the media and/or school-related publications such as, but not limited to; newsletters, brochures, and school/district websites.

_____ _____
Parent/Guardian's Signature Date

- **No student will be excepted without this registration form or payment**

AMOUNT DUE
$_____Full week payment $130.00
$_____Part time payment $110.00
$_____ 3 Day payment $90.00
$_____ Drop in $35.00 x # of days
$_____ **Total due October 5th**

This form can only be dropped off at your child's Kids Klub program until October 3rd. After October 3rd it can be dropped off at the Kids Klub office, emailed to Kidsklub@laveeneld.org or brought with you on the first day of attending Kids Klub Day Camp.

Kids Klub office 602-237-7058
Day camp opens at 6:00 A.M and closes at 6:00 P.M

If you have DES, you must notify your case worker and have them authorize your child care services:

For the dates of Fall Break 10/8 to 10/12
Laveen Dist#59 Desert Meadows Kids Klub
6855 West Meadows Loop East
Laveen Az 85339
602-237-7058
Provider number P0001981004

After you have done this DES will contact the Kids Klub office to authorize services. **We must have received authorization by 10/4, or your child/ children will not be able to attend.**