

Kids Club Fall Break 2024
Registration for School Age & Preschool
 Location: 6855 W Meadows Loop East Laveen AZ 85339



Student Information

Child's Name: _____ Birth Date: ____/____/____ Home School: _____ Age: _____
 Address: _____ City _____ Zip code _____

Parent/Guardian Information

Parent #1 Name: _____ Contact Phone Number: _____ Email: _____
 Parent #2 Name: _____ Contact Phone Number: _____ Email: _____

Plans and Fees:

Non-Refundable \$35.00 Registration Fee *(Due yearly if not already paid for 2024-25 school year)*

Check the box for the plan you are reserving:

School-Age Pricing

- School-Age 5 Days : \$145.00 Currently Enrolled and attending Laveen School District Schools K-6**
- School-Age 3 Days : \$110 Currently Enrolled and attending Laveen School District Schools K-6**
 Please Circle the 3 days your child will be attending: 7 8 9 10 11

Preschool Pricing

- Preschool 5 Days: \$160.00 Currently enrolled and attending Laveen School District Tuition-Based Preschool Program**
- Preschool 3 Days: \$125.00 Currently enrolled and attending Laveen School District Tuition-Based Preschool Program**
 Please circle the 3 days your child will be attending: 7 8 9 10 11

Please read and Initial Each Statement Below:

- _____ I have read, understand, and agree to adhere to the parent handbook and payment policies.
- _____ I understand payment is due prior to services. Payments can be made with check, money order or cash at the Kids Club office or you can pay online at *myprocare.com*.
- _____ I understand **NO CREDIT** will be given for days that are not used (absent or vacation, etc.)
- _____ 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.
- _____ I understand Kids Club does not offer one-on-one services and my child needs to be able to participate in a group setting, this includes group activities
- _____ I understand that my child must be potty-trained in order to attend this program.
- _____ 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 website

Parent /Guardian's Signature _____ Date: _____

DES Authorized Services:

_____ I understand if my DES services stop, I am subject to the same fees as cash paying participants.

_____ I understand if I fail to follow DES rules regarding times and signatures on the attendance sheet I will be responsible for that day's tuition fees.

_____ I understand I am responsible to pay any charges DES does not cover including weekly fees.

***If you have DES**, you must notify your caseworker and have them authorize your child care services: from October 7th to October 11th. Laveen District #59 Desert Meadows Kids Club **Provider Number: P0001981004**. We must have received authorization by Thursday, October 3, 2024, or your child/ children will not be able to attend. No exceptions.

Registration will not be accepted without the following documentation attached:

- Completed registration form with signature
- Immunization record
- Court papers (if applicable)
- ADHS Emergency information form
- IEP (if applicable)

Due at Time of Registration:

\$_____ Registration Fee (Non-Refundable)

\$_____ week Tuition Payment

\$_____ Total Due today

Fees can be paid online or by check, money order in the designated check boxes. Cash payments can only be made at the Kids Club office.

For Office Use Only

ProCare Information: Parent/ Guardian	Office Copy
Billing	Site Copy
Ledger/Tracking	DES Authorization Received
Billed Registration/ 1 st Week	School Emailed on:
Information: Rosters	Processed By: _____