

Kids Club Registration Agreement	
Desert Meadows Vista Del Sur	

FEGA (Estrolla	Footbills	Global	Academy)	Excluding preso	hoolers
EFGA (EStrella	FUULIIIIS	GIUDAI	Academiyi	excluding preso	nooiers

Child's Name	Rirth d	ate	Δσρ	Grade
Address				
	F	-mail (requi		
Parents Name Home Phone	Cell Phone	man (requi	Work Pho	one
Registration Fee (Non-Refundable) \$3				
Plans (circle the fee of the plan you ar	e registering for)	Remember to circle your	Fees (weekly)	Sibling Discount
1. Morning Plan(5 days each wee		plan	\$40.00	N/A
2. Afternoon Plan (up to 5 days e	each week)		\$62.00	\$55.80
3. Part-Time (up to 3 days each v	week)		\$48.00	\$43.20
4. Full time (before and after sch	iool)		\$92.00	\$83.00
5. Drop in minimum use fee (du	e on the first of the montl	h)	\$25.00 a month	N/A
6. Drop In Before School Program		,	\$15.00 a day	N/A
7. Drop In After School (dismisse			\$20.00 a day	N/A
8. Drop in Early release days (dis	•		\$25.00 a day	N/A
(Initial) NO CREDIT will be given (Initial) I give permission for my or public programs provided by school-related publications such (Initial) KIDS CLUB REQUIRES A Town (Initial) I understand Kids Club do a group setting, this includes group setting, that if my cludes Club office in writing with states.	child to be photographed on cols, and have the picture as, but not limited to, new two week written not one so oup activities. The color of the col	or videotap es and/or vi wsletters, b FICE TO DEC services and	ed in a school-related deotapes reproduced rochures, and school/REASE OR STOP SERVING to be extracurricular activit	setting, including in the media and/or district websites. GICES. able to participate in ies I am to notify the
Parent/Guardian's			Date	
Registration will not be accepted with	_			
☐ Completed registration form with sign			rgency information fo	rm
Immunization record		IEP (if appl	icable)	
☐ Court papers (if applicable) If you wish to change your original re in person two weeks prior to effective New Registration form submitted on:	date at the Kids Club Offi	ce located a	nt Desert Meadows Sc	hool.
DES Authorized Services (additional from		•		
(Initial) I understand if my DES service				
(Initial) I understand copays are based	_		•	
(initial) I understand if I fail to follow	DES rules regarding times a	nd signature	s on the attendance she	et I will be responsible for
that day's tuition fees.				
DUE AT THE TIME OF REGISTRATION:				
\$ Registration fee (non-refundable)	(registration fee is not disco	unted)	Start day:	
\$ First week payment \$ Total due today			Agreement ends N	1dy 22, 2024
Fees can be paid online, or by checks and	money orders in the check h	nx Cach na	ments can only be naid	at the Kids Club office
For online payment go to myprocare.com	Honey orders in the theth b		ments can only be paid	at the Mas clab office.
The same payment go to myprocarcicom		Procare: info_ Billing , L	 .edger Billed/	Info , office copy
Paid by:	,		DES auth received	Sch emailed

Office location: 6855 W Meadows loop E, Laveen, AZ, 85339 -- <u>KidsClub@laveeneld.org-</u>- 602-237-7058