

Desert Meadows/ Estrella Foothills/ Vista Del Sur Kids Club Registration 2024-25 Agreement Start and End Dates: August 05, 2024 to May 21, 2025

Student Information			
Child's Name:	Birth Date:///////_	Home School:	Grade:
Address:	City Zip code		
Parent/Guardian Information			
Parent #1 Name:	Contact Phone Number:	Ema	il:
Parent #2 Name:	Contact Phone Number:	Ema	il:
<u>Plans and Fees</u> Non-Refundable \$35.00 Registrat			
Check the box for the plan(s) for v	vhich you are registering:		
□ <u>Morning Plan</u> (up to 5 days each	week): Weekly Fee: \$40.00		
□ <u>Afternoon Plan (</u> up to 5 days eac	h week): Weekly Fee: \$62.00		
□ Full Time- Before Care and After	noon Care (up to 5 days each we	ek): Weekly Fee: \$92.0:	0
\Box Part-Time Afternoon Plan (up to	3 days each week): Weekly Fee:	\$48.00	
□ Drop In Minimum Usage Fee (du	e on the 1 st of each month) Mor	ıthly Fee: \$25.00	
Drop In After Care (must be prep *Only available at Desert Meadows	oaid) Daily Fee: \$20.00		
□ Drop In Before Care (must be pro	epaid) Daily Fee: \$15.00		
□ Drop In Early Release Day (Early *Only available at Desert Meadows	Dismissal 1:30 p.m. Must be pre	paid): Daily Fee: \$25.00	I
Read and Initial Each Statemer	nt Below:		
I have read, understand, and agree to a	dhere to the parent handbook and paymen	t policies.	
I understand payment is due on Friday p			
I understand if my tuition payment is no immediate pick up. In addition, I wil	nt paid on Friday prior to service my child ca I be charged a \$10.00 late fee.	nnot attend and will be sent to) the school office for
	r days that are not used. Accounts cannot b	•	
	DTICE IS REQUIRED TO STOP OR DECREASE ne-on-one services and my child needs to be		setting this includes group
activities	ie-on-one services and my child needs to be		setting, this includes group
I understand that if my child will be atte dates and times. This includes after	nding any after school extracurricular activ school tutoring.	ities I am to notify the Kids Club	b office in writing with start/end
	tographed or videotaped in a child care sett oduced in the media and/or school-related ite		

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.

Registration will not be accepted without the following documentation attached:

- \square Completed registration form with signature
- Immunization record

- ADHS Emergency information form IEP (if applicable)

Court papers (if applicable)

If you wish to change your original registration you must complete a new registration form.

All changes must be done in-person two weeks prior to the effective date at the Kids Club office located at Desert Meadows School.

New registration form submitted on: _____ Change effective date: _____ \$20 fee will be assessed on the 3rd registration change.

□ I am currently employed for the Laveen School District 2024-2025 school year.

Due at Time of Registration:

- \$ Registration Fee (Non-Refundable)
- First week Tuition Payment Ś

\$ 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.

Start Date: _____

For Office Use Only

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