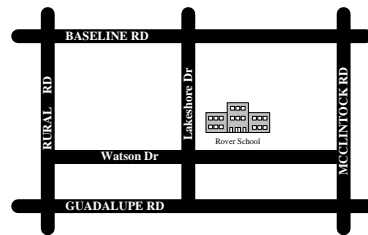
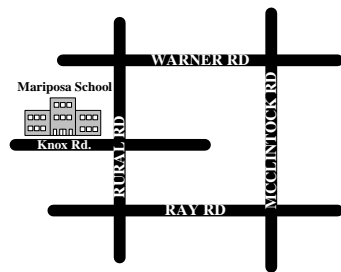


Kid Zone Enrichment Program

Fall Recess Camp (K – 8th)

Where: **Mariposa** or **Rover**
Address: 50 E. Knox Rd, Tempe, AZ 85284 1300 E Watson Dr, Tempe, AZ 85283
Camp phone: 480-541-3830 480-897-7122 (x6829)(K-2)
Multi-Purpose Room (X6864)(3-8)
No Transportation Provided No Transportation Provided



Who: Any Current **KID ZONE** Participant
Enrollment space is limited to the DHS licensed capacity of the site.
First Come/First Serve!

When: **October 9th – 13th, 2017 (Monday – Friday)**

Time: **6:30 AM to 6:00 PM**

Bring: **A non-perishable lunch and beverage**
(Morning and afternoon snacks provided!)

Camp Fee: **\$120 for 5 days**
\$90 for 3 days

Field Trip: **Fat Cats (4321 E Baseline Rd, Gilbert, AZ 85234) (480-498-3325)**
Wednesday, 10/11 (Rover) (Departing 8am & Returning 1:00pm)
Thursday, 10/12 (Mariposa) (Departing 8am & Returning 1:00pm)

Admin Fee: **\$15 (non-refundable)**

How to Register:

By **SEPTEMBER 29TH**, complete the registration form (one per child) online or submit to the Kid Zone office via e-mail, fax or bring into the Administrative Office. Payment is due at the time of registration. Please be aware that camps may fill prior to **SEPTEMBER 29TH**. **Registrations will not be accepted at the site or in the Kid Zone payment drop box.** DES participants must call their caseworker prior to the start of camp to have eligibility switched to this school for camp week.

City of Tempe – Edna Vihel Center
3340 S. Rural Road
Tempe, Arizona 85282
Hours: Mon thru Fri, 8am–5pm

Questions: Call: (480) 350-5405 **Fax:** (480) 858-7688 **Email:** kidzone@tempe.gov

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline is Monday, OCTOBER 2ND, 2017. If registrations are received after the deadline dates, no refund will be given for cancellation.

REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: Mariposa or Rover (Please circle) (October 9th-13th, 2017)

Child's First Name: _____ **Last Name:** _____

Grade: _____ **School:** _____

The information included on the required Emergency Information and Immunization Record Card "blue card" is accurate and up-to-date.

ALLERGIES/SPECIAL MEDICAL INFORMATION: (If your child uses an inhaler or is currently taking medications and the fall camp is not your child's home site, please bring an extra inhaler or medication to the camp site and fill out a new authorization form.)

I hereby consent to my child's participation in the Kid Zone Camp Program and assume the risks involved. I understand this camp is part of the Kid Zone Program and that all policies and procedures stated or referenced in the Kid Zone Parent Handbook and on the Kid Zone Registration Contract are in effect for this camp. I understand the fee paid does not include a premium for insurance. I authorize the Kid Zone representative to act in my behalf during the program. In case of injury or illness, I hereby give my authority to any hospital or doctor to render immediate emergency aid to my child. It is understood that the cost of this treatment will be the responsibility of the parent/guardian.

Grades K – 8th

<u>Date</u>	<u>Location</u>	<u>Address & Phone #</u>	<u>Time Departing</u>	<u>Time Returning</u>	<u>Purpose</u>	<u>Guardian Initials</u>
Wednesday, 10/11 (Rover)	Fat Cats	4321 E Baseline Rd Gilbert, AZ 85234 480-498-3325	8:00 AM	1:00 PM	Recreational	
Thursday, 10/12 (Mariposa)						

I am aware of and agree to assume all risks associated with my child's participation in the program and I will not hold the said organization responsible for accidents sustained in this program. In consideration of his/her participation in this activity, I release and hold harmless the Kid Zone Enrichment Program and their personnel from any liability for any injury or loss arising from participation in this activity. This does not waive any claim for intentional or grossly negligent acts of supervision. I permit my child to participate in the Kid Zone Enrichment Program field trips listed above. I also agree to release the Kid Zone Enrichment Program of any responsibility for damage to or loss of property arising from participation in this activity.

I authorize the Kid Zone Enrichment Program to obtain emergency transportation and medical treatment necessary for my child in the event of injury or illness. I further understand that the Kid Zone Enrichment Program does not carry medical or accident insurance to pay for these medical expenses incurred on behalf of my child and that I accept responsibility for any emergency transportation and medical treatment and any subsequent medical bills that my child may incur. I have notified you if my child requires any accommodations or special assistance to participate in the Kid Zone Enrichment Program.

Parent/Guardian Print: _____

Parent/Guardian Signature: _____ **Date:** _____

Camp Schedule

5 Days _____

3 Days _____ (Circle Days of Attendance) **Monday Tuesday Wednesday Thursday Friday**

Office Use Only: **Total due: \$120 (5 days) + \$15 Non-Refundable Admin Fee = \$135 due**
\$90 (3 days) + \$15 Non-Refundable Admin Fee = \$105 due

Amount Paid _____ Date Paid _____ Check # _____ Cash _____ On-line/Recurring _____ Staff Initials _____