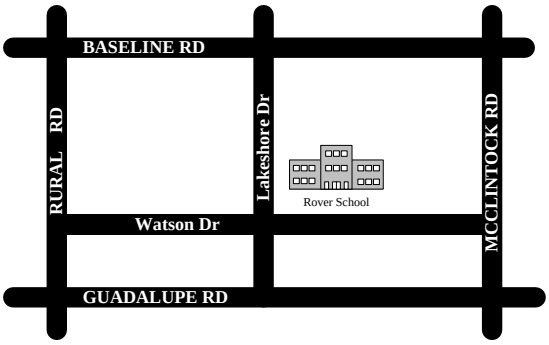
Kid Zone Enrichment Program
Winter Recess Camp

Where: **Rover School – Multi-Purpose Room**
Address: **1300 E. Watson Dr., Tempe, AZ 85283**
Camp phone: **480-897-7122 (X6829)(K-2nd) (X6864)(3rd- 8th)**
No transportation is provided for this camp.



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

When: **December 26th – December 28th , 2012 (Wednesday through Friday) AND**
December 31st and January 2nd- 4th, 2013 (Monday; Wednesday through Friday)
WINTER CAMP WILL BE CLOSED ON MONDAY, DECEMBER 24, 2012, TUESDAY, DECEMBER 25, 2012 and TUESDAY, JANUARY 1, 2013.

Time: **6:30 am – 6:00 pm; WILL CLOSE AT 4:30 PM ON MONDAY, DECEMBER 31ST**

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

Camp Fee: **$72 for 3 days (Week 1) or daily rate of $28 per day**
$96 for 4 days (Week 2) or daily rate of $28 per day

Activity Fee: **$10 (non-refundable)**

How to Register:

- **By DECEMBER 14TH, bring the completed registration form (one per child) to the City of Tempe Office along with your payment. Please be aware that camps may fill prior to DECEMBER 14TH. <u>Registrations will not be accepted at the site or in the Kid Zone payment drop box</u>. Faxes will only be accepted for current autopay accounts or current phone authorization accounts. 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 Social Services Office
3500 S. Rural Road - 2nd floor
Tempe, Arizona 85282
Hours: Monday thru Friday, 8 am – 5 pm

Questions: **Call:** (480) 350-5400 **Fax:** (480) 858-7688

Refunds or credits for camp cancellation will not be issued unless notification is given one full calendar week in advance. Cancellation deadline for Week 1 is Monday, 12/17 and for Week 2 is Monday, 12/24, 2012. If registrations are received after the deadline dates, no refund will be given for cancellation.

REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: Rover
(December 26th - December 28th) & (December 31st and January 2nd – January 4th)

Child's First Name:_____ Last Name:_____

School:_____ Grade:_____

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 winter camp is not your child's home site, please bring an extra inhaler and 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 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.

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Thursday, January 3rd	Makutu's Island **(K-2nd)**	6919 West Ray Road, Chandler, AZ 85226 480-344-3742	9:00 am	12:00 noon	Recreational	

Date	Location	Address & Phone #	Time Departing	Time Returning	Purpose	Guardian Initials
Thursday, January 3rd	Polar Ice **(3rd-8th)**	7225 West Harrison St Chandler, AZ 85226 480-598-9400	1:00 pm	4:30 pm	Recreational	

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:_____

Circle Weeks of Attendance: **Week 1 (12/26 – 12/28)** **Week 2 (12/31; 1/2-1/4)**

Circle Days of Attendance for Daily Schedule: **Wed Thur Fri** **Mon Wed Thur Fri**

****

Office Use Only: Total due: $72 for 3 days (Week 1) $96 for 4 days (Week 2) OR $28 daily rate Activity fee: $10 (non-refundable)

Amount Paid_____Date Paid_____Check #_____ Cash_____Phone Auth/Autopay_____Staff Initials_____
(Last 4 digits of credit card)