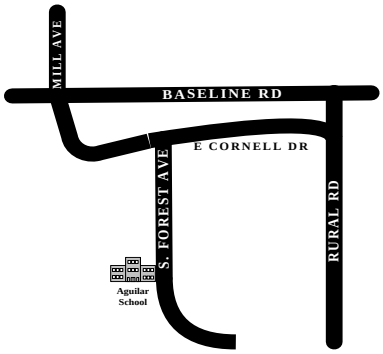
Kid Zone Enrichment Program
Fall Recess Camp

Where: **Aguilar School – Multi-Purpose Room**
Address: 5800 S. Forest Ave., Tempe, AZ 85283
Camp phone: 480-897-2544 (X4308)
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: **October 7th – 11th, 2013 (Monday – Friday)**

Time: **6:30 a.m. to 6:00 p.m.**

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

Camp Fee: **$120 for 5 days**
$84 for 3 days

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

How to Register:

- **By SEPTEMBER 27TH, 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 SEPTEMBER 27TH. <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 phone authorizations. 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: Mon thru Fri, 8am–5pm

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 is Monday, SEPTEMBER 30TH, 2013. If registrations are received after the deadline dates, no refund will be given for cancellation.

REGISTRATION FORM (ONE CHILD PER REGISTRATION FORM)

Camp Site: Aguilar (October 7th–11th, 2013)

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 and medication to the camp site and fill out a new medical 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
Wednesday, October 9th	Brunswick Bowling	1754 W. Southern Ave. Mesa, AZ 85202 480-834-0588	12:30 pm	3:30 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_____

Camp Schedule

5 Days _____

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

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Office Use Only: **Total due: $120.00 (5 day) + $10 Non-Refundable Activity Fee = $130 due**
$84.00 (3 day) + $10 Non-Refundable Activity Fee = $94 due

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