

Kyrene Kids Club School Closure Camps Registration

**Register Early and save \$10 per day per child -OR-
Register after the Early Bird Registration Deadline and pay full price per day per child**

2009-2010 School Closure Camps		Early Registration Deadline
October 12-16 & 19	Fall Break & Staff Development Day	Friday, October 2
November 11	Veteran's Day	Tuesday, November 3
December 21, 22, 23, 24,28, 29, 30, 31	Winter Break	Friday, December 11
January 18	Martin Luther King Day	Friday, January 8
February 15	President's Day	Friday, February 5
March 15-19	Spring Break	Friday, March 5

Program	2009-2010 Rate	Early Registration Rate
Three and Four Year-olds	*\$40/day/child	*\$30/day/child
School-age	*\$35/day/child	*\$25/day/child

***Pricing & Program Availability Are Subject To Change**

Special Closure Camp Offer: Register and pay for all week-long school closure camps – Fall Break, Winter Break and Spring Break – before September 28, 2009 and receive a voucher good for one (1) free camp day to be used on any single Holiday closure camp! This free camp day will be forfeited if you choose to cancel registration of any pre-paid week-long camp.

Information about Kyrene Kids Club School Closure Camps

- Program:** Operating hours for camps are 6:30am-6:30pm and children may attend for any period of time during those hours. Many special events and activities are planned for the camp, and two daily snacks are provided (children need to bring a non-perishable lunch.)
- Registration:** Registration may be completed online or in person. Register online at www.kyrene.org/eservices. If you need assistance, please call 480-783-4040. In person registrations will be accepted at the Kyrene School District:

**Kyrene Customer Service Center #14
8700 South Kyrene Road
Tempe, AZ 85284**

Hours: Monday-Thursday 7:30am – 4:30pm Friday 9:00am-4:30pm

- Payment:** Return this form with full payment (credit card or check). Registrations are only complete with the total amount due. Payment reserves your child's space in the camp. Parent/Guardian MUST register and pay for the camp in full in order for a space to be reserved for a child.
- Timeline:** All registrations must be received **6 business days** prior to the first day of camp in order to qualify for the Early Bird rate. Online registration ends six business days before the start of camp (first day of week-long camps). If minimum enrollment is met, registrations received within the **5 business days** prior to the first day of the camp will cost an additional \$10 per day per child. **No registrations are accepted the business day prior to the first day of camp.**
- Cancellations:** In the event that a camp is cancelled due to low enrollment, families will be notified at least **five** business days before the camp date and will receive a refund in the amount paid per cancelled date per child enrolled. If a family needs to cancel the registration, full refunds are issued for camp cancellations received five **business** days prior to the start of camp.

Camp Locations: Kyrene de la Mirada, 5500 W. Galveston St., Chandler, AZ 85226

**Kyrene de la Sierra, 1122 E. Liberty Ln., Phoenix, AZ 85048

**(Sierra has School age only. Open for Fall Break, Winter Break & Spring Break only)

Please remember to send your child(ren) with a non-perishable lunch to camp. A snack will be provided in the morning and afternoon.

**Please complete the following registration information &
remember to submit a payment for the total amount due (partial payments are not accepted).**

Child's Name _____ Grade _____ Age _____

Address _____ City _____ Zip _____ Telephone _____

Parent/Guardian Name (print) _____

Circle Camp Location: Mirada (ELC - School Age) / Sierra (School Age Only) My child currently attends Kids Club at _____

Is current emergency information (i.e., DHS Emergency Information Card) on file with Kids Club? Yes No
(Emergency information cards are required by DHS and are available at the District Office, online and at program sites.)

Payment Information:

Payment enclosed \$ _____ Check # _____

Please bill my: ___ Visa ___ MasterCard ___ Discover Amount: \$ _____

(Please fill out a Credit Card Authorization Form)

Please check the boxes for each day of camp for which you are registering this child:

- | | |
|--|--|
| Fall Break Camp <input type="checkbox"/> Oct. 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 19 | Martin Luther King Day Camp <input type="checkbox"/> Jan. 18 (Mirada Only) |
| Veteran's Day Camp <input type="checkbox"/> Nov. 11 (Mirada only) | President's Day Camp <input type="checkbox"/> Feb. 15 (Mirada Only) |
| Winter Break Camp <input type="checkbox"/> Dec. 21 <input type="checkbox"/> 22 <input type="checkbox"/> Dec. 23 <input type="checkbox"/> 24 | Spring Break Camp <input type="checkbox"/> Mar. 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 |
| Winter Break Camp <input type="checkbox"/> Dec. 28 <input type="checkbox"/> 29 <input type="checkbox"/> 30 <input type="checkbox"/> 31 | |

Emergency Information

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

I hereby authorize the following person(s) to pick up my Child:

Name: _____ Phone: _____

Name: _____ Phone: _____

The following person(s) may not remove my child from the facility:

Name: _____ Name: _____

Medical Information (such as allergies, physical limitations, etc.) _____

Disclaimer

I(We) the undersigned parent, parents, or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. It is also understood that the undersigned will be liable for any and all costs incurred in the treatment of the minor.

Name: _____ Date: _____

The Kyrene School District requires users of District facilities to fully comply with the requirements of Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990. Section 504 provides, "No qualified handicapped person, shall on the basis of handicap, be excluded from participation in, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity which receives benefits from Federal financial assistance." See 29 U.S.C. 794, 34 C.F.R. Part 104. The ADA contains similar prohibitions against discrimination on the basis of disability. See 42 U.S.C. §§ 12131-12161, 28 C.F.R. Part 35. Students with disabilities who meet the essential eligibility requirements of the Program will be permitted to participate in the Programs. Reasonable modifications will be provided to afford a student with a disability meaningful access to the Program, unless the District can demonstrate that the modification would be a fundamental alteration in the nature of the Program, or constitute an undue financial and administrative burden. Any student, including students with disabilities, may be removed from a Program if that student, even with reasonable modifications, is so disruptive to the Program that other students cannot participate in the Program or are in danger.