

# SCHOOL YEAR BREAK/HOLIDAY CARE

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

**During the regular school year, my child is:**

- Full Time, Before and After- 3-5 Days **PRICE A**       Full Time, After Only 3-5 Days **PRICE B**  
 Part Time, Before and After 2 Days **PRICE C**       Part Time, After Only 2 Days **PRICE D**  
 Drop In/Non Participant **PRICE E**       After the Bell **Price C**

**Please select the care you would like to add.**

## VENTURA UNIFIED SESSION/DATES

Non School Day Sept 29	Fall Break Oct 24-28	Veterans Day Nov 11	Non School Day Nov 23	Winter Break 1 Dec 19- 23	Winter Break 2 Dec 26- 30
<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$50 Price A	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$50 Price A	<input type="checkbox"/> \$50 Price A
<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$75 Price B&C	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$75 Price B&C	<input type="checkbox"/> \$75 Price B&C
<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$150 Price D&E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$150 Price D&E	<input type="checkbox"/> \$150 Price D&E
MLK Day Jan 16	Staff Day Jan 30	Lincoln's Birthday Feb 17	Furlough Day Mar 30	Spring Break Apr 2-6	
<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$50 Price A	
<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$75 Price B&C	
<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$150 Price D&E	

TOTAL DAY CARE FEES	= \$ _____
10% Sibling Discount (if applicable)	= \$ _____
Program Membership (\$30 if applicable)	= \$ _____
<b>TOTAL DUE at REGISTRATION</b>	<b>= \$ _____</b>

### Payment/Cancellation Policies:

1. A program or family facility membership is required for all participants.
2. Payments will be made EFT or credit card only. Cash/check payments will only be received for full payment at time of registration.
3. A 30 day **written** notice is required to cancel. After 30 days no credits or refunds are given. A 2 week **written** notice is required to change preregistered break days/weeks. An additional \$15 change fee is required for each week that is changed. Additional weeks added are not subject to the \$15 change fee. Children who are sick and unable to attend camp will need a written doctors note to be excused.

I agree to the payment policies contained within this registration packet.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For Office Use Only:** Mem # \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_ Copy: \_\_\_\_\_ Letter: \_\_\_\_\_

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Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent's Name: \_\_\_\_\_

**During the regular school year, my child is:**

- Full Time, Before and After- 3-5 Days **PRICE A**       Full Time, After Only 3-5 Days **PRICE B**  
 Part Time, Before and After 2 Days **PRICE C**       Part Time, After Only 2 Days **PRICE D**  
 Drop In/Non Participant **PRICE E**

**Please select the care you would like to add.**

## RIO DEL NORTE SESSION/DATES

Veterans Day Nov 11	Non School Days Nov 21-23	Winter Break 1 Dec 19-23	Winter Break 2 Dec 26-30	MLK Day Jan 16	Presidents Day Feb 13
<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$30 Price A	<input type="checkbox"/> \$50 Price A	<input type="checkbox"/> \$50 Price A	<input type="checkbox"/> \$0 Price A&B	<input type="checkbox"/> \$0 Price A&B
<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$45 Price B&C	<input type="checkbox"/> \$75 Price B&C	<input type="checkbox"/> \$75 Price B&C	<input type="checkbox"/> \$15 Price C&D	<input type="checkbox"/> \$15 Price C&D
<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$90 Price D&E	<input type="checkbox"/> \$150 Price D&E	<input type="checkbox"/> \$150 Price D&E	<input type="checkbox"/> \$40 Price E	<input type="checkbox"/> \$40 Price E
<b>Spring Break</b>					
Apr 2-6					
<input type="checkbox"/> \$50 Price A					
<input type="checkbox"/> \$75 Price B&C					
<input type="checkbox"/> \$150 Price D&E					

TOTAL DAY CARE FEES	= \$ _____
10% Sibling Discount (if applicable)	= \$ _____
Program Membership (\$30 if applicable)	= \$ _____
<b>TOTAL DUE at REGISTRATION</b>	<b>= \$ _____</b>

### Payment/Cancellation Policies:

1. A program or family facility membership is required for all participants.
2. Payments will be made EFT or credit card only. Cash/check payments will only be received for full payment at time of registration.
3. A 30 day **written** notice is required to cancel. After 30 days no credits or refunds are given. A 2 week **written** notice is required to change preregistered break days/weeks. An additional \$15 change fee is required for each week that is changed. Additional weeks added are not subject to the \$15 change fee. Children who are sick and unable to attend camp will need a written doctors note to be excused.

I agree to the payment policies contained within this registration packet.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**For Office Use Only:** Mem # \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Initial: \_\_\_\_\_ Copy: \_\_\_\_\_ Letter: \_\_\_\_\_