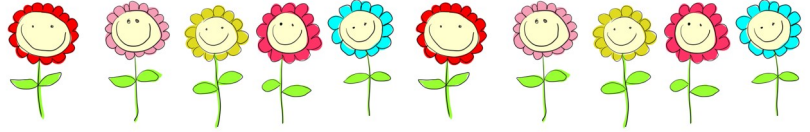




NO SCHOOL-KIDS INC. SPECIAL DAY FORM



Date: Monday, April 17th (7 am– 6 pm)

**No Special Day care will be provided on Fri., April 14*

Locations: (Choose one below)

Harvey Dunn

2400 S Bahnson Ave

Corner of Bahnson & E 31st St

—OR—

Garfield

2421 W 15th St

Between Kiwanis & Western off W 15th

REGISTRATION DEADLINE!

- ⇒ No forms will be accepted after **5 PM on Tuesday, April 11th.**
- ⇒ Spaces fill on a first come, first serve basis and may fill before the deadline.
- ⇒ No refunds will be given for cancellations after the registration deadline.

Important Information:

- Please bring a sack lunch, including a drink! Morning & afternoon snack will be provided by Kids Inc.
- Look for the PINK 'Kids Inc. Enter Here' sign posted on the door to enter (Door A).
- Security badges will NOT be used on Special Days.
- Kids must be signed IN and out of the program by an authorized person that you will list on the form below. *Be prepared to show ID!*

Options for submitting form and payment:

- ◆ Mail or drop it off at the Kids Inc. office— 201 E. 38th St. Sioux Falls, SD 57105
- ◆ Email to Laura.Fischer@k12.sd.us
- ◆ Fax to 605-367-4493

NOTE: Forms & payment CANNOT be turned in at your child's school.

Cut at the dotted line and return registration form to Kids Inc. Office

SPECIAL DAY REGISTRATION FORM

CIRCLE which site your child(ren) will attend: **HARVEY DUNN** -OR- **GARFIELD**

CHILD NAME: _____
Name of child attending (Last, First) Name of child attending (Last, First) Name of child attending (Last, First)

SCHOOL CHILD(REN) ATTENDS (during school year): _____
If your preferred location is full, are you willing to have your child attend at the alternate site listed? YES NO

*For child's safety, list all persons, who are authorized to pick up child(ren) and/or be contacted in case of emergency. ANYONE PICKING UP YOUR CHILD NEEDS TO BE LISTED BELOW (INCLUDING PARENTS/GUARDIANS) **2 REQUIRED!!**

PARENT/GUARDIAN INFORMATION: *Name: _____ Phone: _____

Name: _____ Phone: _____

EMERGENCY/SAFETY INFORMATION: *Name: _____ Phone: _____

Name: _____ Phone: _____

Multiply the number of children who will be attending by your appropriate rate-

Regular Rate: \$25.00 Reduced Rate: \$20.00 Free Rate: \$15.00 (rates per child)

$$\frac{\text{# of children attending}}{\text{rate}} \times \text{rate} = \text{TOTAL Special Day Fee}$$

*SPLIT FEE FAMILIES ONLY: Check here if you want this Special Day fee split, just as your bi-weekly fees are split.

Cardholder's Name (print): _____

Card # _____

Expiration Date: _____ Verification Code (3-digits on back): _____

CHECK YOUR METHOD OF PAYMENT:

____ Run my auto withdrawal account info. on file on Friday, 4/14

____ Check/Cash/Money Order (enclosed with form)

____ Run my credit/debit card information provided ASAP – (MC/ VISA/ DISCOVER ONLY!)