



APRIL USAGE RESERVATION FORM

- DUE MARCH 15TH -

Child's Name(s):	Proposed Drop Off Time:
Current Class:	Proposed Pick Up Time:

Please Choose Your Rate:		
<input type="checkbox"/> Monthly: \$890.00	<input type="checkbox"/> Daily: \$55.00	<input type="checkbox"/> Hourly: \$6.60
All use must be pre-paid by the 1st of the month.		

FULL-TIME : Please schedule my child on a full-time, monthly basis. Usage Forms will not be required in the future to schedule a space for my child(ren). **Two week cancellation policy applies.**

PART-TIME: Part-time scheduling consists of M/W/F or T/Th. Please indicate hours and days on calendar below if not full-time. Full-time usage will be given priority over part-time usage. There is a half hour minimum charge for each sign in. All part-time use must be pre-paid by the 1st of the month of usage.

I understand that my account will be billed for the time that I have scheduled a space for my child and that **two week notice is required for all cancellations.**

Parent Signature: _____ Date: _____

Return Fax 522-3359

APRIL 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19 All Programs Closed Good Friday	20
21 Happy Easter!	22 All Programs Closed Easter Monday	23	24	25	26	27
28	29	30				