

Child's Name(s):	Proposed	Proposed Drop Off Time:		
Current Class:	Proposed	Proposed Pick Up Time:		
	Please Choose Your Rate:			
☐ Monthly: \$890.00	☐ Daily: \$55.00	☐ Hourly: \$6.60		
All use mu	ist be pre-paid by the 1st of t	ne month.		
	on a full-time, monthly basis. Usage F child(ren). Two week cancellation pol	orms will not be required in the future to icy applies.		
PART-TIME: Part-time scheduling cons Please indicate hours and days on calenda half hour minimum charge for each sign in	ar below. Full-time usage will be giver	. , .		
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Parent Signature:	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. Date:			
	Return Fax 522-3359			

AUGUST 2019

SUN	MON	TUES	WED	THURS	FRI	SAT
				1	2	3
4	5	6	7	8	9 Summer Program Ends	10
11	All-Day Child Watch By Reservation Only	All-Day Child Watch By Reservation Only	14 All Programs Closed Fall Cleaning	15 All Programs Closed Fall Cleaning	16 All Programs Closed Fall Cleaning	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31