

Return Fax 522-3359

# ALS - Usage Reservation Form

Submit this form by **March 15**

Payment is due by **April 1**

Child's Name: \_\_\_\_\_

Proposed Drop Off Time: \_\_\_\_\_

Current Class: \_\_\_\_\_

Proposed Pick Up Time: \_\_\_\_\_

## Please Choose Your Rate

**Monthly: \$890.00**

**Daily: \$55.00**

**Hourly: \$6.60**



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.**

There is a half hour minimum charge for each sign in. Please indicate hours and days on calendar below if **not** full-time. Full-time usage will be given priority over part-time usage.

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

All part-time use must be pre-paid by the 1st of the month. Part-time scheduling consists of M/W/F or T/TH

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

# APRIL 2018

| SUN | MON                                                 | TUES | WED | THURS | FRI | SAT |
|-----|-----------------------------------------------------|------|-----|-------|-----|-----|
| 1   | 2<br><b>Easter Monday</b><br>All Programs<br>Closed | 3    | 4   | 5     | 6   | 7   |
| 8   | 9                                                   | 10   | 11  | 12    | 13  | 14  |
| 15  | 16                                                  | 17   | 18  | 19    | 20  | 21  |
| 22  | 23                                                  | 24   | 25  | 26    | 27  | 28  |
| 29  | 30                                                  |      |     |       |     |     |