

ALS - Usage Reservation Form

Submit this form by **July 15**
Payment is due by **August 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 _____

AUGUST 2017

SUN	MON	TUES	WED	THURS	FRI	SAT
		1	2	3	4	5
6	7	8	9	10	11 Last Day of Summer Program	12
13	14 CW by reservation only	15 CW by reservation only	16 All Programs Closed for Fall Cleaning	17 All Programs Closed for Fall Cleaning	18 All Programs Closed for Fall Cleaning	19
20	21 1st Day of School K-8 11:45am dismissal CW By Reservation Only	22	23	24	25	26
27	28	29	30	31		