

Return Fax 522-3359

# ALS - Usage Reservation Form

Submit this form by **December 15**

Payment is due by **January 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 \_\_\_\_\_

# JANUARY 2018

SUN	MON	TUES	WED	THURS	FRI	SAT
	1 <b>New Year's Day</b> <b>All Programs</b> <b>Closed</b>	2 <b>K-8 No School</b> <b>CW By Reservation</b> <b>Only</b>	3 <b>K-8 No School</b> <b>CW By Reservation</b> <b>Only</b>	4 <b>K-8 No School</b> <b>CW By Reservation</b> <b>Only</b>	5 <b>K-8 No School</b> <b>CW By Reservation</b> <b>Only</b>	6
7	8	9	10	11	12	13
14	15 <b>K-8 No School</b> <b>CW By Reservation</b> <b>Only</b>	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			