

Return Fax 522-3359

ALS - Usage Reservation Form

Submit this form by **June 15**

Payment is due by **July 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 _____

JULY 2017

SUN	MON	TUES	WED	THURS	FRI	SAT
						1
2	3 All Programs Closed	4 4th of July All Programs Closed	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24 30	25 31	26	27	28	29