

ALS - Usage Reservation Form

Submit this form by **February 15**
Payment is due by **March 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 _____

MARCH 2018

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