

Return Fax 522-3359

ALS - Usage Reservation Form

Submit this form by **April 15**

Payment is due by **May 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 _____

MAY 2018

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