

Return Fax 522-3359

# ALS - Usage Reservation Form

Submit this form by **October 15**  
Payment is due by **November 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 \_\_\_\_\_

# NOVEMBER 2017

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 Thanksgiving All Programs Closed	24 All Programs Closed	25
26	27	28	29	30		