

Return Fax 522-3359

ALS - Usage Reservation Form

Submit this form by **September 15**

Payment is due by **October 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 _____

OCTOBER 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 K-8 No School CW By Reservation Only	19 K-8 No School CW By Reservation Only	20 K-8 No School CW By Reservation Only	21
22	23	24	25	26 K-8 11:45am dismissal CW By Reservation Only	27 K-8 No School CW By Reservation Only	28
29	30	31				