



OCTOBER

USAGE RESERVATION FORM

- DUE SEPTEMBER 15TH -

Child's Name(s):	Proposed Drop Off Time:
Current Class:	Proposed Pick Up Time:

Please Choose Your Rate:

Monthly: \$935.00
 Daily: \$58.00
 Hourly: \$6.95

All use must be pre-paid by the 1st of the month.

FULL-TIME : 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.**

PART-TIME: Part-time scheduling consists of M/W/F or T/Th. Please indicate hours and days on the calendar below if not full-time. Full-time usage will be given priority over part-time usage. There is a half hour minimum charge for each sign in. All part-time use must be pre-paid by the 1st of the month of usage.

I understand that my account will be billed for the time that I have scheduled a space for my child and that **two week notice is required for ALL cancellations.**

Parent Signature: _____ Date: _____

Return Fax 522-3359

OCTOBER 2020

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	24
25	26	27	28	29	30	31