

# RESERVE FORM

April 2019

Month



**KIDS INC.**

Site \_\_\_\_\_

Contact Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Contact Cell \_\_\_\_\_

School Attends \_\_\_\_\_

Home Phone \_\_\_\_\_

Mark the days you want to reserve child care for the month.  
In order for your child to attend, a monthly reserve form is required.

**Everyday**

Monday	Tuesday	Wednesday	Thursday	Friday
1	2	3	4	5
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
8	9	10	11	12
PM <input type="checkbox"/>	PM <input type="checkbox"/>	NO PROGRAM	NO PROGRAM	NO PROGRAM
15	16	17	18	19
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
22	23	24	25	26
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
29	30			
PM <input type="checkbox"/>	PM <input type="checkbox"/>			

Additional Scheduling Information

**Please remember to call  
the District Office at  
541.389.7275  
if your child will not be  
attending KIDS INC. on  
a reserved day.**