

# RESERVE FORM

December 2018

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
3	4	5	6	7
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
10	11	12	13	14
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
17	18	19	20	21
PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
24	25	26	27	28
NO PROGRAM	NO PROGRAM	NO PROGRAM	NO PROGRAM	NO PROGRAM
31				
NO PROGRAM				

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.**