

# RESERVE FORM

January 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 NO PROGRAM	2 NO PROGRAM	3 NO PROGRAM	4 NO PROGRAM
7 PM <input type="checkbox"/>	8 PM <input type="checkbox"/>	9 PM <input type="checkbox"/>	10 PM <input type="checkbox"/>	11 PM <input type="checkbox"/>
14 PM <input type="checkbox"/>	15 PM <input type="checkbox"/>	16 PM <input type="checkbox"/>	17 PM <input type="checkbox"/>	18 PM <input type="checkbox"/>
21 HOLIDAY	22 PM <input type="checkbox"/>	23 PM <input type="checkbox"/>	24 PM <input type="checkbox"/>	25 PM <input type="checkbox"/>
28 PM <input type="checkbox"/>	29 PM <input type="checkbox"/>	30 PM <input type="checkbox"/>	31 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.**