

RESERVE FORM

October 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
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"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>	PM <input type="checkbox"/>
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"/>	NO PROGRAM	NO PROGRAM	NO PROGRAM
29	30	31		
PM <input type="checkbox"/>	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.**