

RESERVE FORM

September 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
		5	6	7
		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
PM <input type="checkbox"/>	PM <input type="checkbox"/>	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.**