

WSC CHILD CARE PERMANENT TIME REQUEST

PARENT NAME: _____ PHONE: _____

EMAIL ADDRESS: _____

****PLEASE LIST ALL CHILDREN**

CHILD'S NAME	BIRTHDATE MM/DD/YY

EMERGENCY CONTACT: _____ PHONE #: _____

WSC CHILD CARE PERMANENT TIME RESERVATION

TIME	DAY OF WEEK	CHILD'S NAME
	M T W TH F S S	
	M T W TH F S S	
	M T W TH F S S	
	M T W TH F S S	
	M T W TH F S S	
	M T W TH F S S	

STARTING DATE: _____ ENDING DATE: _____

THERE WILL BE A \$12.00, PER CHILD, LATE CANCELLATION FEE ASSESSED IF ANY RESERVATION IS NOT CANCELLED AT LEAST 2 HOURS BEFORE SCHEDULED RESERVATION TIME.

THERE WILL BE A \$16.00, PER CHILD, NO SHOW FEE ASSESSED FOR FAILURE TO CANCEL A RESERVATION.

IF NO ENDING DATE IS SPECIFIED, IT WILL BE ASSUMED THAT THIS IS A CONTINUOUS RESERVATION AND WILL REMAIN SO UNTIL CANCELLED BY YOU.

DATE RECIEVED: _____ RECEIVED BY: _____