## WSC CHILD CARE RESERVATION/CANCELLATION REQUESTS

Parent's Name Phone Number			_ Date	
			-	
RESERVATION Make a reservation	ON REQUEST	`. ·		
Date/Day	Time	Child		Age
	TION REQUEST TEST TO THE FOR THE STATE OF TH			
Date	Days of Res.	Time of Res.	Child	

There will be a \$12.00 per child (Late Cancelation) fee assessed if any reservation is not canceled at least 2 hours before a scheduled reservation time.

There will be a \$16.00 per child (No Show) fee assessed for failure to cancel a reservation.