RESERVATION FORM

CHILD'S NAME(S): _____ _____ **D.O.B.** _____ ____ _____ **AGE** ____
First Last Month Day Year

_____ _____ **D.O.B.** _____ ____ _____ **AGE** ____
First Last Month Day Year

PARENTS NAMES: **MOM:** _____ **DAD:** _____

CONTACT #'S: **CELL #** _____ **CELL#** _____

E-MAIL ADDRESS: _____

RESERVATION FOR: _____ **CHILDCARE** _____ **SKI & PLAY**

DATE(S)	A.M. 900-1200	P.M. 100-400	FULL 900-400	Buying Lunch ($10.95/lunch) or Bringing Lunch?	Magic Carpet Lessons (1 hr for children 3-5) ($39 group/$59 private)

CHECKLIST:

	24 HOUR CANCELLATION POLICY: (Must cancel 24 hours in advance or you will be charged for Childcare and / or Ski and Play that was booked)
	UNDER THE WEATHER POLICY: (If your child is feeling under the weather, cough, cold, runny nose etc, we cannot accept them into the center)
	PHOTO: You have the choice of bringing a photo of your child/ren, or having one taken on our computer.
	I.D.: Please provide us with a copy of identification to verify your child's age (birth certificate, care card, passport etc)
	HEALTH CARE #:
	HOURS: We are open from 9:00am to 4:00pm

NOTES: _____

_____

RESERVATION HELD BY: _____ **VISA** _____ **MASTERCARD**

CREDIT CARD # __ __ __ __ / __ __ __ __ / __ __ __ __ / __ __ __ __ **EXPIRY** __ __ / __ __

Staff: **Date:**