



Discovery World/BKA Reservation Form

Phone: 208-465-5437
 Email: twchildcare@outlook.com

Due by the 25th of each month

Student Name: _____ **** Date of Birth: _____

^ BIRTHDATE MUST BE COMPLETED

Month _____

MON			TUE			WED			THU			FRI		
Date:			Date:			Date:			Date:			Date:		
F	H	HR	F	H	HR	F	H	HR	F	H	HR	F	H	HR
Hours:			Hours:			Hours:			Hours:			Hours:		

MON			TUE			WED			THU			FRI		
Date:			Date:			Date:			Date:			Date:		
F	H	HR	F	H	HR	F	H	HR	F	H	HR	F	H	HR
Hours:			Hours:			Hours:			Hours:			Hours:		

MON			TUE			WED			THU			FRI		
Date:			Date:			Date:			Date:			Date:		
F	H	HR	F	H	HR	F	H	HR	F	H	HR	F	H	HR
Hours:			Hours:			Hours:			Hours:			Hours:		

MON			TUE			WED			THU			FRI		
Date:			Date:			Date:			Date:			Date:		
F	H	HR	F	H	HR	F	H	HR	F	H	HR	F	H	HR
Hours:			Hours:			Hours:			Hours:			Hours:		

MON			TUE			WED			THU			FRI		
Date:			Date:			Date:			Date:			Date:		
F	H	HR	F	H	HR	F	H	HR	F	H	HR	F	H	HR
Hours:			Hours:			Hours:			Hours:			Hours:		

OFFICE USE ONLY

Form of Payment:
 Cash Check # _____ Visa/MC

Received by: _____

Scheduled by: _____

Billed by: _____

*******Please complete each day with the actual hours you need care (i.e. 8:00-5:00).*******

**F = Full Day
 H = Half Day
 HR = Hourly Care**

Type of Daycare	Fee	# of Days or Hours	Total
Full Day (6 wks- 12 mo)	\$35.00	X	\$
Full Day (13 mo - 24 mo)	\$28.00	X	\$
Full Day (25 mo - 48 mo)	\$25.00	X	\$
Full Day (49 mo & up)	\$22.00	X	\$
Half Day (3 hours or less) (25 mo and up)	\$15.00	X	\$
HR Hourly Care (TW Students & School Days Only)	\$4.00	X	\$
Other Fees			\$
Credit (calculated by office only)			\$
		Total	\$

Parent or Guardian:

_____ Signature

Date ____ / ____ / ____