



Discovery World/BKA Reservation Form

Please Print

Due by the 25th of each month

OFFICE USE ONLY

Form of Payment:
 Cash Check # _____ Visa/MC
 Received by: _____

Phone: 208-465-5437

Email: discoveryworldnampa@gmail.com

Student Name: _____ Phone: _____ Date of Birth: _____ Class: _____

Please circle the type of daycare service you wish to reserve and fill in the required information.

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:		

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

Please Note

Cancellations- You must contact Teaching World by 7am on reserved day to cancel in order to receive credit for that day. If appropriate notice is not given, you will be charged for that day.

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 (4 yrs & up)	\$22.00	X	\$
Half Day (25 mo and up)	\$15.00	X	\$
HR Hourly Care (School Days Only)	\$4.00	X	\$
Other Fees			\$
		Total	\$

Parent or Guardian:

_____ Signature

_____ Printed Name

Date ____/____/____