

**Angel Care  
Weekly Reservation Form**

Name of child/ren:

\_\_\_\_\_

\_\_\_\_\_

Days attending Angel Care:

DAY	DATE	EXPECTED PICKUP TIME
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

Pick up person(s):

\_\_\_\_\_

Phone number \_\_\_\_\_

Amount of Payment Enclosed:

\_\_\_\_\_

Rates:

	<u>1<sup>st</sup> Child</u>	<u>2<sup>nd</sup> Child</u>	<u>3<sup>rd</sup> Child</u>
4/5 Days	\$32.50	\$27.00	\$13.50
3 Days	\$27.00	\$22.50	\$11.25
2 Days	\$17.00	\$14.50	\$7.25
1 Day	\$8.50	\$8.50	\$4.25

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