



Reserve A Seat Now

Fill out reservation form below:

Please print clearly with blue or black ink.

Child's Full Name: _____

Birth Date: _____

Age: _____

Parent/Guardian's Name: _____

Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Work Phone: _____ ext. _____

Work Hours: _____

I would like to reserve for my child _____ to attend Smart Starts Day School from _____ to _____ at a cost of \$_____ a week or \$_____ a month.

Please include a deposit of \$100 that will be applied toward the book fees.

I hereby acknowledge that I have reserved a seat for my child to attend Smart Starts Day School and that the deposit will be applied toward the book fee at the time of registration. A seat will be reserved for your child, so the deposit is not refundable. We look forward to having the opportunity to provide your child with our quality educational program.

Signature of Parent/Guardian: _____ Date: _____