DAYCARE/PRE-SCHOOL RESERVATION FORM



3316 Old Minden Rd Bossier City, LA 71112 (318) 746-7331 www.bowlholidaylanes.com

Please Fax or email to (318) 746-7330 bowlholidaylanes@gmail.com

Address			
City			Zip
Contact Name at Day C	are Center:		
Phone Number		Fax	
E-Mail:			
(Please provide an email addition of dates and times)	lress. It is used to alert you	u to special offerings for d	aycares and confirn
☐ I have	read and understand the	safety policies and proce	edures
	Date (s) Requested T	ime (s) Requested	
Date of Event:		Time of Event:	
Date of Event:		Time of Event:	
Date of Event:		Time of Event:	to
(Mir	Weekly Day Ca nimum 4 children per lar		e)
Day of Week:	# Of Youth	Time of Event: _	to
Month:	# of Weeks	From:	to
Day of Week:	# Of Youth	Time of Event: _	to
Month:			
Name of Responsible Part	y coming with children:		
Cell # (for contact in route	-		
Estimated Number of Chil	drenAge	Range:Numbe	r of Adults
	<u>Strikers</u>	<u>Café</u>	
	ng the Café for Lunch (p ng the Café, but only for se using the Café		

SHOE en we didn't wed to wear We will

All Day Care forms are located on our website

www.bowlholidaylanes.com

For Holiday Lanes Use Only: Day care contacted and information verified on By: Day care reservation added to vector	