

DAYCARE RESERVATION FORM

Reservation Date:					
Daycare Name:	:Busi			iness Phone:	
Daycare Address:		City:	State:	Zip Code:	
Contact Name:	Cell Phone:				
Contact Email Address:					
If groups are split, please indica	ate the below: (we rec	commend splitting t	he younger ages from	the older ages or large groups)	
Group Age(s):	_ Arrival Time:	Departu	re Time:	# of Children:	
Group Age(s):	_ Arrival Time:	Departu	re Time:	# of Children:	
**Hours of operation – 10am –	5pm.				
**Groups must have 2 adults per from the splash pad area. Less to	,		uired to assist in o	verseeing the children	
**Appropriate swimwear is req	uired.				
**Children in diapers or pull-up	ps are required to we	ear swim diapers			
**Food and drink are prohibite to reserve a pavilion and table i					
**Snacks items are available for	or purchase.				
**If groups cannot adhere to the refusal for future reservations. be removed from the splash are	If a child does not a	dhere to the rule		•	
I hereby have read and understatis not complete and submitted to will not be confirmed until reseauthorize medical treatment if repark.	o the Splash Park direction form is comp	rector within 2 wellete and returne	veeks of reservation of the Splash Pa	on date, my reservation ark director. I hereby	
Signature:		_ Print:		Date:	

Return form to Julie Hopson, jhopson@sportsfacilities.com.