



Reservation Request Form

Today's Date: _____

Child's Name (if known): _____

Date of Birth or Due Date: _____ Anticipated Start Date: _____

Parent 1 Name: _____

Parent 1 Phone Number: _____ Email: _____

Parent 2 Name: _____

Parent 2 Phone Number: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Schedule (days and hours normally in care): _____

How did you hear about our daycare? _____

Enrollment Fees:

- \$35.00 non-refundable
- First week of tuition- non refundable (applied to account upon enrollment)

Mail or drop off reservation request form to:

Caledonia Area Elementary- CAPS Care
511 W Main St
Caledonia, MN 55921

For more information, please call 507-408-0060