Pasco County Foster Adoptive Parent Association
Opening hearts and homes to children

2016 Daycare RSVP Form

Month: Jan Feb March April May June July Aug Sept Oct Nov Dec

Member's Name: _____

Member's Email Address: _____

Member's Phone Number: _____

First Name of Child and Age of Child (if under 3 please put age in months)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

2016 Daycare Rates:

Prepaid/Mail*: $4/kid ~ $15.00/family
Eventzilla: $6.50/kid ~ $21.50/family
NO RSVP: $8.00/kid AND if space

***Due by the Wednesday prior to the meeting**

Member's Initials: _____ I understand that there will be no refunds even if I do not attend the meeting month that I am pre-paying daycare for.

Number of Children: _____ **Amount Paid:** $_____ **Payment Method:** Check Cash

Date Recd: _____ **Board Members Initials:** _____

Mail to: PCFAPA/Daycare - PO Box 4002 - Holiday, FL 34692