

2020-21 DROP IN CARE FORM

Child(ren)'s Name(s): _____

Drop In Care must be arranged with the Director at least the day before, not with the classroom teachers. Requests for Drop In Care on the same day will not be granted. Please turn this form into the office with your preferred method of payment marked. If care is available, it will be granted and the director's signature will be on this form at which time you may turn the form in to your child's teacher and your child may stay. If this form is not signed, you do not have approval to leave your child. If you leave your child without drop in approval, you will be charged the late fees outlined in the handbook, not the drop in rate. Family Discounts and Scholarships do not apply to drop in care.

Cost For Drop In Care:

11:30 - 12:30: \$10.00 12:30 - 3:00: \$25.00 11:30 - 3:00:
\$35.00

I would like my child to have drop in care on (Circle One):

Monday / Tuesday / Wednesday / Thursday / Friday

Date(s) of Drop In Care: _____

Time(s) of Drop In Care: _____

Circle Your Preferred Method of Payment:

Cash/Check with this form Credit Card
swiped at sign in computer Charge on
Monthly Bill

I give permission for my child to rest on a school supplied cot and agree to pay the fees

Parent Signature: _____

Director Signature: _____

associated with Drop In Care.

Parent Signature: _____

Director Signature: _____