



DROP-IN REQUEST

Please fill in this request and we will notify you as soon as we can accommodate your request.*

Student's Name: _____

Drop in date(s): _____

_____ Hourly Drop-In Fee: \$15.00/hr
(Drop-in Time: from _____ to _____ Total number of hours: _____)

_____ Drop-In (7:00a.m. – 6:00p.m.) \$95.00/day

_____ Drop –In (7:00a.m. – 8:30a.m.) \$20.00/day

_____ Drop-In (8:30a.m. – 12:00p.m.) \$40.00/day

_____ Drop-In (8:30a.m. – 3:30p.m.) \$60.00/day

_____ Drop-In (12:00p.m. – 3:30 p.m.) \$40.00/day

_____ Drop-In (12:00am.-6:00p.m.) \$55.00/day

_____ Drop-In (2:30p.m. – 6:00p.m.) \$ 30.00/day

_____ Drop In Week \$295/week

_____ Drop-In Transportation \$25/ride

*Transportation requests need a week's advance request. Sibling discounts do not apply to drop in requests.

Parent's name printed/Signature/Date of request

For Office Use:

Date request received; _____

Payment received: Yes No Cash _____ Check #: _____ Amount: \$ _____ Classroom staff emailed Yes No

7/28/16