



DROP-IN CARE REQUEST FORM

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

Drop-in care must be arranged with the director, not with the classroom teachers. Please complete and turn this form into the office. If your request can be accommodated, it will be granted and indicated on this form, accompanied by the director's signature. If your request is denied, you do not have approval to leave your child. If you leave your child without a drop-in approval, you will be charged the late fees outlined in the parent handbook, not the drop-in rate. Discounts and scholarships do not apply to drop-in care. Drop-in charges will be added to your Brightwheel account and must be paid accordingly. A separate drop-in fee will be charged for each child requiring care.

Cost For Drop-In Care:

8:30-12:30: \$45.00

12:30-3:00: \$30.00

8:30-3:00: \$70.00

3:00-4:00: \$10.00

I am requesting drop-in care for (Circle One):

Monday / Tuesday / Wednesday / Thursday / Friday

Date(s) of Drop-In Care: _____

Time(s) of Drop-In Care: _____

I agree to pay the drop-in fee as outlined in this agreement and understand the fee will be charged via Brightwheel.

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____

OFFICE USE ONLY: Approved _____ Denied _____