

BEFORE/AFTERCARE DROP IN REQUEST

Child's Name: _____ Teacher: _____

Date of Before or Aftercare Needed: _____ **Circle one:** Monday Tuesday Wednesday Thursday Friday

Please check additional hours requested:

_____ 7:00am – 8:30am (\$16 fee)

Kindergarten

_____ 11:30am – 3:30pm (\$32 fee)

_____ 2:30pm – 3:30pm (\$8 fee)

_____ 11:30am – 4:30pm (\$40 fee)

_____ 2:30pm – 4:30pm (\$16 fee)

_____ 11:30am – 5:30pm (\$48 fee)

_____ 2:30pm – 5:30pm (\$24 fee)

_____ 3:30pm – 5:30pm (\$16 fee)

_____ Other: _____

(Indicate schedule requested and attach payment at \$8 per hour)

****PAYMENT MUST BE INCLUDED WITH THIS REQUEST ****

Parent's Signature: _____ Date: _____

OFFICE USE: _____ Director's Initials _____ Payment Rec'd _____ Attendance confirmed _____ Office Manager