

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:

7:00 am – 8:30 am (\$20 fee)

Kindergarten

11:30 am – 3:30 pm (\$40 fee)

2:30 pm – 3:30 pm (\$10 fee)

11:30 am – 4:30 pm (\$50 fee)

2:30 pm - 4:30 pm (\$20 fee)

3:30 pm – 5:30 pm (\$60 fee)

2:30 pm – 5:30 pm (\$30 fee)

3:30 pm – 5:30 pm (\$20 fee)

Other: _____

(Indicate schedule requested and attach payment at \$10 per hour)

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

Parent's Name: _____ Date: _____

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

Revised 6/2022