

**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 \$20 fee

Kindergarten

\_\_\_\_\_ 11:30am – 3:30pm \$40 fee

\_\_\_\_\_ 2:30pm – 3:30pm \$10 fee

\_\_\_\_\_ 11:30am – 4:30pm \$50 fee

\_\_\_\_\_ 2:30pm – 4:30pm \$20 fee

\_\_\_\_\_ 11:30am – 5:30pm \$60 fee

\_\_\_\_\_ 2:30pm – 5:30pm \$30 fee

\_\_\_\_\_ 3:30pm – 5:30pm \$20 fee

\_\_\_\_\_ Other: \_\_\_\_\_

(Indicate schedule requested and attach payment at \$10 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

Revised 6/2022