DROP-IN REQUEST FORM

NAME OF CHILD(REN)

DROP-IN DATE(S)

	/ /	/ /	/ /
ARRIVE	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM
DEPART	: ☐ AM ☐ PM	: ☐ AM ☐ PM	: ☐ AM ☐ PM

I PREFER TO:

- ☐ pay the fee the day of the drop-in
- ☐ have the fee charged to my credit card on file

A FEW NOTES REGARDING DROP-IN:

We will try our best to accommodate all requests for drop-in based on a combination of space in the classroom and staffing. Occasionally, we may have space available in the classroom but have staffing constraints that prevent us from being able to accept drop-in children on a particular day or time.

Once we have confirmed your drop-in request, we will charge your account for the hours you request (in full-hour increments). If your child is here for more hours than previously requested, the hourly rate for the additional hours will apply.

If you will not need your drop-in date, please let us know as soon as possible. Because we schedule staff in advance to accommodate drop-in children, there will be a 50% charge for any drop-in request cancelled with less than 48 hours' notice.

TO BE COMPLETED BY OFFICE

DROP-IN CONFIRMED

- ☐ YES
- ☐ NO

COMMENTS

- ☐ noted on schedules
- ☐ noted on log
- ☐ charged in ProCare

DROP-IN CHARGE

_____ HOURS @$ _____ /HOUR = $ _____ TOTAL

DATE

- ☐ parent notified / /

DATE

- ☐ classroom notified / /