



BEFORE/AFTER CARE REQUEST FOR DROP-IN SERVICE

Maximum 3 Days per Week

***Drop-In fees on a regular school day are \$20.00 per session, per child, per day. On a 2hr delay day for a.m. care the fee is \$25.00 per child and on a 2hr early dismissal the fee is \$25.00 per child for p.m. care**
Please print clearly in blue or black ink.

DROP-IN INFORMATION			
DROP-IN REQUEST FOR SCHOOL SITE:			
CHILD'S NAME	DATE OF DROP-IN	DROP-IN SESSION	For Staff Use Only (Staff Initials) Marked on Attendance
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BOTH	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BOTH	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BOTH	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BOTH	
		<input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> BOTH	
DROP-IN AGREEMENT DETAILS			
<p>I, _____, agree to the following terms for Drop-In Service, and I will contact the Director at the center to see if there is space available for my child.</p> <ul style="list-style-type: none"> I will complete the request form for all drop-in requests and give it to the Director I will pay the drop-in fee at the time of drop-in I understand that if center's capacity increases, drop-in service will be suspended, and I will be given the option to take a full week slot I understand that credits/refunds will not be issued 			
PAYMENT INFORMATION			
CHECK/MONEY ORDER NUMBER		AMOUNT	
NAME (PRINTED)			
SIGNATURE			DATE

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