

UNION 38 OUT-OF-SCHOOL TIME PROGRAM DROP-IN FORM

Child's Name: _____ Grade: _____

To be completed if your child is not enrolled in the Out-of-School Time Programs:

Home Address: _____

Telephone: _____

Out-of-School Time Program child is attending: _____

Parent/Guardian Name: _____

Work Phone*: _____ Cell Phone*: _____

*Please indicate at which number you can be reached during the program.

DROP-IN REQUEST: (please select)

Monday	Tuesday	Wednesday	Thursday	Friday
	Before School		After School	

Date: _____, _____

Month Date Year

COST:

Before School: \$10.00

After School: \$15.00

Less than 24hrs notice: charge will be \$20 for drop-in

PAYMENT PLAN:

Please bill my account: _____

Payment at point of service: _____

Date Check # Amount

Programs must receive completed forms 24 hrs. in advance in order for a child to attend as appropriate staff coverage is needed to meet state regulations.

Parent/Guardian Signature

Date

(Site Coordinator Use Only)

Site Coordinator Signature

Date