EWEB CHILD DEVELOPMENT CENTER

Drop-In Hours Request Form

Please complete this form and return it to the Director's mailbox outside the office door. Please strive to give us at least two days' notice. Once your form is received, we will check availability and contact you to let you know if your request can be accommodated. We may not always be able to confirm availability for requests that are made more than one month in advance. Dropin care is scheduled on a first-come, first-served basis. Parents are billed the following month at a rate of \$5/hour for any portion of an hour used.

Child's name: _____ Date: _____

Parent's name:		_Classroom:			
Date(s) Requested	Hours Requested	Director Initial	Actual Hours	Teacher Initial	
Office Use On	ly				
Child's Name:			Date Billed:		
Total Amount Ow	ed:		<u>_</u>		

Date(s) Confirmed	Actual Hours Used	Number of Hours	Cost per Hour	Total Cost per Day
			x \$5	
			x \$5	