

Hand In Hand Early Childhood Center

**Drop Off Care Request**

Child's Name: \_\_\_\_\_

Date (s) Requested: \_\_\_\_\_

Class: \_\_\_ Infant \_\_\_ Toddler \_\_\_ Preschool \_\_\_ Pre-K \_\_\_ ASP \_\_\_  
AM SACC \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_  
# days rate drop off charge

I understand that once requested drop off days have been approved, I WILL be responsible for the drop off charges whether or not my child attends on the days requested.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_ Classroom space is AVAILABLE. Drop off care is APPROVED.

\_\_\_\_\_ Classroom space is NOT available.

\_\_\_\_\_  
Director signature