

## **Early Drop Off**

Child's Last Name	First Name	Birth	Birth Date		Age on Sept. 1st	
		Preferred Phone:		<b>H</b> ome	<b>C</b> ell	
Parent Name						
Parent Email		Phone:		Home	<b>C</b> ell	
allowed on a space av	ed to our students from 8:00 A railable basis. Fees are paid at the those scheduled to be dropped	the end of the month off at or <b>before</b> 8:25	for days used. AM.	notice an	d are	
The cost is \$3.50 f  Permanent Spot	or those scheduled to be dropp		s for the following	dates		
Please mark which day(s) and time(s) your child will attend:		Linoimentis	s for the following	uates.		
Monday	Drop off time:	Date:	Drop off time:	·	_	
Tuesday	Drop off time:	Date:	Drop off time:	;	_	
Wednesday	Drop off time:	Date:	Drop off time:		_	
Thursday	Drop off time:	Date:	Drop off time:		_	
Friday	Drop off time:	Date:	Drop off time:		_	
		Date:	Drop off time:		_	
I understand I am res	ponsible for paying early drop	off fees when billed.				

Enrollment shall be nondiscriminatory according to equal treatment and access to services without regard to race, color, culture, religion or natural origin. All tuition and fees are subject to change with a minimum of 30 days notice. Class offerings are subject to change based on enrollment numbers.