

CHILD DROP-OFF & PICK-UP FORM

Child's Name: _____ For the week of: _____

School: _____ Grade: _____ Teacher's Name: _____

Is this schedule a change from the current or previous schedule? YES NO

Is drop off needed? YES NO

Please indicate days for drop off by writing the drop off time in the appropriate boxes:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Is pick up needed? YES NO

Please indicate days for pick up by writing the pick up time in the appropriate boxes:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY

Receipt # _____ Cash _____ Credit Card _____ Check # _____ On-line payment _____

Wonder Pay _____ Paid in advance _____ CDR _____ CHS _____

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