Play and Learn

Your 1st Choice for Quality Child Care
at Annapolis, Community Place, Hunt Valley,
Odenton, and Scribbles

REQUEST FOR DROP-IN CARE/ ADDITIONAL DAYS OF CARE

(NOTE: You must contact the Director *PRIOR* to your child attending as a drop-in or on an additional day to insure there is space available in the program.)

Center: _____ *(Please print.)*

Child's Name: _____ (*Please print.)*

FOR THE WEEK OF: MONDAY, _____ / _____ / _____

My child will need care on: *(Please check days needed.)*

❑Monday ❑Tuesday ❑Wednesday ❑Thursday ❑Friday

Cost of care per day: $ _____ . ___ Total cost of care requested: $ _____ . ___

Form of Payment: *(Check only one.)*
(Note: Please do not include payment for drop-in care/additional days of care in your weekly tuition payment.)

❑Check Attached, # _____ ❑Money Order Attached, # _____

❑1-Time Payment by Credit Card Form attached. ❑Current Autopay

By signing below, I understand and agree that I am financially responsible for all days requested regardless of my child's attendance.

_____ _____ Request Date: ___/___/___
Signature (seal) Print

_____ _____ Date Received: ___/___/___
Director's Signature Print

YOU MAY DELIVER THE COMPLETED FORM TO THE DIRECTOR –OR– FAX TO _____ - _____ - _____ .

(Revised 07/10)