

Child's Name: _____

Teacher's Name: _____

Class Day: _____ Room # _____

EARLY DROP OFF

Please circle the days that you would like to enroll your child in Early Drop-Off. We will check availability and confirm dates for you upon submitting this completed form to the office. Payment is due at time of sign up.

2024-2025

	Mon	Tue	Wed	Thu	Fri
September:	<u>2</u>	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	23	24	25	26	27
	30				

October:		1	2	3	4
	7	8	9	10	11
	14	15	16	17	18
	21	22	23	<u>24</u>	<u>25</u>
	28	29	30	31	

November:					1
	4	5	6	7	8
	<u>11</u>	12	13	14	15
	18	19	20	21	22
	<u>25</u>	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>

December:	2	3	4	5	6
	9	10	11	12	13
	16	17	18	19	20
	<u>23</u>	<u>24</u>	<u>25</u>	<u>26</u>	<u>27</u>
	<u>30</u>	<u>31</u>			

January:			<u>1</u>	<u>2</u>	3
	6	7	8	9	10
	13	14	15	16	17
	<u>20</u>	21	22	23	24
	27	28	29	30	31

February:	3	4	5	6	7
	10	11	12	13	14
	<u>17</u>	<u>18</u>	<u>19</u>	<u>20</u>	<u>21</u>
	24	25	26	27	28

March:	3	4	5	6	7
	10	11	12	13	14
	17	18	19	20	21
	24	25	26	<u>27</u>	<u>28</u>
	31				

April:		1	2	3	4
	7	8	9	10	11
	<u>14</u>	<u>15</u>	<u>16</u>	<u>17</u>	<u>18</u>
	21	22	23	24	25
	28	29	30		

May:				1	2
	5	6	7	8	9
	12	13	14	15	16
	19	20	21	22	23
	<u>26</u>	<u>27</u>	<u>28</u>	<u>29</u>	<u>30</u>

**Sign-Up
in the office**

Early Drop-off is \$5.00 per day.

OFFERED FOR CHILDREN IN ALL MORNING CLASSES. EARLY DROP-OFF START TIME IS 8:00 A.M. AND **REQUIRES A MINIMUM 24 HR NOTICE.**

We are only able to offer a limited number of spots in each class for Early Drop-off.

WHAT WILL MY CHILD'S DAY LOOK LIKE?

Children signed-up for Early Drop-off may arrive at preschool at 8:00 a.m. and check into their regular Preschool classroom using their normal entry door. Parents will sign-in on the classroom sign-in sheet using their full name signature and the time they are signing their child into our care.

Early Drop Off begins the second week of school and is not available the last week of school.

— = **EARLY DROP-OFF is not offered on these days or we have NO SCHOOL.**

Payments (*Office use only*)

1. _____	11. _____
2. _____	12. _____
3. _____	13. _____
4. _____	14. _____
5. _____	15. _____
6. _____	16. _____
7. _____	17. _____
8. _____	18. _____
9. _____	19. _____
10. _____	20. _____

Please Note: No credits or refunds will be issued.