



Adventures In Learning, LLC

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Drop In Request

Your child is enrolled for specific days and times and you are responsible for payment of those days. We staff accordingly and ask that your child attend his scheduled days/times only. Days may not be switched or traded. You may add days at the drop-in rate if space is available.

ALL needs to have this drop in request submitted as early as possible in order provide this accommodation.

Parent or Guardian's Name

Child's name

Classroom

Drop in request date(s): _____

Time(s): Drop off: _____ Pick up: _____

Hot Lunch (\$3) Lunch from home



Parent/Guardian Signature

Date

FOR OFFICE USE

Received by _____ Date: _____

Processed by _____ Date: _____

Approved: Yes – Tuition Rate Amt: _____ Lunch \$: _____ Week Posted: _____

No - Reason: _____