



Daily Drop In Form

Child's Name		Today's Date	
Child's Date of Birth			
Planned Date(s) of Care		Hours of Care	
Parent(s) Name			
Approved Pick Up Person(s)	Name(s)	Phone Numbers	
	1		
	2		
	3		
Food Allergies	1	2	
Special Instructions for Care			
	Primary Doctor		Dr. Phone
Siblings	1	Date of Birth	
	2	Date of Birth	
	3	Date of Birth	

Note that our center closes a 6:30pm sharp. Late pick up fee is \$1 per minute per child. _____

Parent Signature

Staff Notes:	Is this Back Up Care Advantage Program? _____ Reservation # _____