



Drop-In Day Form

Drop-In Request Policy

If you are needing your child to attend school on a day they are not scheduled for, please be sure to stop by the office to fill out a form. We ask that you turn in your request to the office or notify the office **1 week** prior to your requested drop-in day for approval. **A form must be turned in and approved by office in order for your child to attend a drop-in day.*

Child's Name _____

Date(s) Requesting for Drop-In:

- Morning Preschool Program (AM)
- Afterschool Preschool Program (PM)
- Both Morning/Afterschool Preschool Program (AM/PM)

Payment Type:

- Check (Attached) Cash (Attached)
- Run Auto Monthly Payment on File Run Late Payment Authorized Card on File
- Run Card/Check Information Below:

Card Number/Checking Account: _____ Routing # (If using Check): _____

Name on Card/Account: _____

Expiration Date: _____ CVC #: _____

Zip Code: _____ Phone #: _____

Please accept this drop-in form as my 1 week notice as required by Heritage School of Discovery. I acknowledge that payment is due and will be accepted or ran on the date this form is submitted to the office. I authorize payment on the checked method.

Parent Signature _____ Date ____/____/____

Email _____

** An email will be sent confirming your drop-in day(s) and your invoice will be adjusted.*

----- OFFICE USE BELOW LINE -----

Received Date: ____/____/____

Adjusted Invoice _____

MONTH OF: _____