



**Summer Care  
Drop- In Agreement**

Student Name: \_\_\_\_\_

Dates for Drop in: \_\_\_\_\_

**Explanation/Comments:** (to ensure accuracy, add a detailed explanation or your request)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Fees for Drop-In days are due and payable with this Agreement, either in cash or by check.**

**Rates: \$30 non-refundable one time registration/activity fee per child  
\$45 per day**

\_\_\_\_\_  
*Signature (Responsible Party)*

\_\_\_\_\_  
*Date*