

Angels After Hours

Student Drop-In Request Form 2026-2027

Today's Date _____

Date(s) Requested for Drop In _____

Child's Name _____ Child's Grade _____

Child's Name _____ Child's Grade _____

Child's Name _____ Child's Grade _____

Child's Name _____ Child's Grade _____

Parent(s) Name(s): _____

Contact Phone Numbers:

Mother _____ Mother's Cell: _____

Father _____ Father's Cell: _____

In accordance with the Angels After Hours Drop-In rates, I **(we)** agree to pay **\$35.00** per child per day for my (our) child(ren) to attend Angels After Hours on the date(s) specified above. I (we) understand that Drop-In Services are for occasional use only and the payment due will be applied to our family's FACTS account.

Angels After Hours times are as follows:

- Regular school days: Monday, Tuesday, Thursday and Friday 3:00 pm to 6:00 pm. Wednesday 1:00 pm to 6:00 pm.
- Parents picking-up students after 6:00 pm, will be charged \$15.00 for every 15 minutes.

Please provide any information we should know about your child(ren) (i.e. allergies, medical concerns, etc.):

Parent(s) Signature(s): _____ Date: _____

_____ Date: _____