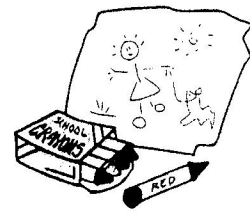


# Drop In Form

## PECAN RIDGE SCHOOL

1140 S. Buffalo \* Canton \* Tx \* 75103 \* (903) 567-0515



Payment must be made in full before child is dropped off.

Drop In Date(s): \_\_\_\_\_

Daily Rate: # days: \_\_\_\_\_ \$ \_\_\_\_\_/day

Weekly Rate: \$ \_\_\_\_\_

Paid by:

Check # \_\_\_\_\_ \$ \_\_\_\_\_

Cash

Pecan Ridge closes at 6:00pm. After 6:00pm, late fees of \$1.00 per minute are payable upon pickup.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Mother: \_\_\_\_\_  Step?  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Father: \_\_\_\_\_  Step?  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Child's immunizations are current?  Yes  No  
Hospitalizations or serious illness in last 12 months?  Yes  No  
Allergies?  Yes \_\_\_\_\_  No

Special Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Where can parents be reached while child is in care?*

Mother: Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Father: Address: \_\_\_\_\_ Phone: \_\_\_\_\_

List 3 Emergency Contacts:

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

In case of emergency, Pecan Ridge School may seek medical care for my child at (hospital) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_