



Add-on/Drop-in Request for 2021-2022

**Husky House
Children's Center**

Child(ren)'s Name(s): _____

Grade(s): _____ HV Classroom Teacher: _____

Date(s) you are requesting: _____

ADD-ON is for families that are currently contracted. It applies to requests to extend time on already scheduled days AND requests to add days for which your child is not already contracted. When possible, we need 48 hours notice, particularly when adding days that your child is not already scheduled. You will be charged with the next month's tuition. Rates are \$12.00/hour for the first child and \$11.00/hour for siblings.

DROP-IN is for those families who do not attend on a contracted basis AND for requests coming in from contracted families with less than 48 hours notice. **Please attach payment.** Rates are \$14.00/hour for the first child and \$13.00/hour for siblings.

Please ✓ the block(s) that you would like to request AND circle the pricing that applies (if illustrated). The sibling discount is applied to the child requesting fewer hours.

Kindergarten					
✓	Time Blocks	Add-on		Drop-in	
		Total for 1 child	Total for 2 children	1 child	2 children
	12:45 – 2:45	\$24	\$46	\$28	\$54
	2:45 - 4:30*	\$21	\$40.25	\$24.50	\$47.25
	2:00 - 4:30	\$30	\$57.5	\$35	\$67.50
	4:30 - 6:00*	\$18	\$34.50	\$21	\$40.50

1 st through 5 th Grade					
✓	Time Blocks	Add-on		Drop-in	
		Total for 1 child	Total for 2 children	1 child	2 children
	2:42 – 4:30	\$21	\$40.25	\$24.50	\$47.25
	4:30 – 6:00*	\$18	\$34.50	\$21	\$40.50

TOTAL _____

NOTES:

- Pending Health Department requirements, we may not be able accept Drop-in requests for children not currently enrolled at Husky House.
- * You may not use these time blocks independent from the time block immediately following school release.
- Should you need to cancel, there is a \$5.00 cancellation fee. Pre-paid drop-ins will be given a credit on file, less the \$5.00 fee. Add-ons will be charged the \$5.00 fee with the following month's tuition.

By signing below, I understand that once the request has been approved, I will be responsible for full payment of the time I have requested (exception: notice of illness). I understand that I will be notified by phone or email of the approval status within 1-2 business days after the request is submitted.

Parent Signature _____ Phone # _____

Ph.# (925) 283-7100

Fax# (925) 283-7104

www.huskyhouseforkids.org

OFFICE USE ONLY:

Approved/Declined _____ Called _____ Posted _____ Inv./Amt. _____ Paid _____ Lic Forms on File _____ Date Rec'd _____