

Good morning



Early Drop  
8:00am – 8:50am

Once again we will offer Before-School care each morning. Spaces are limited and Early Drop **opens at 8:00am**. Mrs. Sarah Johnson and Mrs. Cathie Brown will run the Early Drop-Off program. The service can be used on a **regular** or **occasional** basis (occasional use requires 24 hour advance notice). The children will have free play, drawing or coloring. The children may also bring unfinished breakfast if needed.

When Early Drop-Off is used on a **REGULAR basis**, monthly fee is based on \$7 per hour.

- Fees are **prepaid on the 1<sup>st</sup> of each month with your tuition payment** based on the number of days you indicate needing this service.
 

1 morning per week	Add \$25 per month to tuition check
2 mornings per week	Add \$50 per month to tuition check
3 mornings per week	Add \$75 per month to tuition check
4 mornings per week	Add \$85 per month to tuition check
5 mornings per week	Add \$100 per month to tuition check
- Make payable to ODEDS, marked Tuition/Early-Drop on the memo line.**  
If you have a change in your routine, the amount due can be adjusted the following month. Refunds will not be made for unused days.

When Early Drop-Off is used on an **OCCASSIONAL basis**: \$10 per hour

- 24 hour advance notice** is required! We may need to schedule a helper on days we have additional children. Please leave a note, send an e-mail or leave a message on the school answering machine at least 24 hours in advance. The fee is **\$10 per morning** and you will be **billed the next month** for the number of mornings used. You can add the amount due to the *next month's* tuition check with "Tuition/Early Drop" on the memo line.

If you think you may be interested in this service, please fill out the form below and drop it off at the front desk at orientation. More detailed information will be available at orientation or e-mail us and we will send you the information ahead of time. [odeds@olddonation.org](mailto:odeds@olddonation.org)

Thank you,  
*The Early Drop Team*

----- Cut here and return the bottom portion at Orientation -----

Child's Name \_\_\_\_\_ Day School Teacher \_\_\_\_\_  
Does your child have any allergies? \_\_\_\_\_

Child's Name \_\_\_\_\_ Day School Teacher \_\_\_\_\_  
Does your child have any allergies? \_\_\_\_\_

Parent's Name \_\_\_\_\_ Hm # \_\_\_\_\_  
Wk # \_\_\_\_\_ Cell # \_\_\_\_\_

Please check your interest:

\_\_\_\_\_ Early Drop-Off needed on a **regular basis**: M T W TH F  
Circle days needed...AND the START date for ED. START DATE: \_\_\_\_\_

\_\_\_\_\_ Early Drop-Off may be needed on occasion.