

**Erwin Child and Family Center  
SACC Drop-In Form**

Drop-In request is recommended as early as possible, one-week notice is preferred. Drop-ins must be approved by Assistant Director in order to be effective. You will receive notice of approval or denial within 48 hours of submission. Child's file must be complete in order for him/her to attend.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_ Work      Email: \_\_\_\_\_

#: \_\_\_\_\_ Home

Schedule:

DATE/DATES: \_\_\_\_\_ Time in: \_\_\_\_\_ Time out: \_\_\_\_\_

Known medical condition/allergies: \_\_\_\_\_

Special needs/considerations: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Assistant Director Signature

\_\_\_\_\_  
Date

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For Administrative Use Only

- CC:**     Director  
          Assistant Director  
          Classroom  
          Billing  
          Administrative Assistant  
          Receptionist  
          Parent

Child's file in order: \_\_\_\_\_