

Chosen Enrollment Package:

Drop-In Students (*optional hours*)

Monday Friday: (7AM-8PM)

Saturday: (12PM-8PM)

Price: \$12.54/hr

Late Pickup Fee: \$1 extra for every minute past pre-scheduled times

Today's Date: _____

Please check the times and days you want to schedule a student drop in this week:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 - 8AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8 - 9AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9 - 10AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
10 - 11AM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
11 - 12PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
12 - 1PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1 - 2PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 - 3PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 - 4PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 - 5PM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 - 6PM						<input type="checkbox"/>	
6 - 7PM						<input type="checkbox"/>	
7 - 8PM						<input type="checkbox"/>	

Additional Information:

Medical Conditions:

Allergies: (*environmental, food, medication etc.*)

*Any medication dispensed by staff will require completed authorization form *separately**

Application Completed By:

Parental Guardian Full Name (*Print*)

Signature

Date

Please complete statement of Child's Health form
(available on our website www.thebaxteracademy.com)

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