

# ASI Children's Center

## DROP-IN REQUEST

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I would like to request drop-in care for my child(ren) \_\_\_\_\_

Currently enrolled in: **Bambini** 1  2  3  **La Casita** 1  2  **Casa** 1  2  3  **Not Enrolled**

The date I need this additional care is \_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_.

My regular schedule for this date is from \_\_\_\_\_ to \_\_\_\_\_ or  None

I can be reached at \_\_\_\_\_ during this extra time.

***I understand that I am responsible for payment of the extra time whether used or not.***

\_\_\_\_\_  
Parent's Signature Date  Student  Staff/Faculty

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Approved by: \_\_\_\_\_ Drop-in not available: \_\_\_\_\_

Date & Time Received: \_\_\_\_\_ Amount Due: \$ \_\_\_\_\_

Please email to: [asichildrecenter@csus.edu](mailto:asichildrecenter@csus.edu)