CENTRAL DROP-IN CHILD CARE CENTER

RESERVATION REQUEST FORM

*Required

***Child's Name:** _____ ***Age:** _____

***Parent/Guardian Name:** _____

***Blue Card ID 8-diget number:** _____

***Please check one:** _____student-parent _____faculty/staff

RESERVATION REQUESTS: Enter the reservation date/s below. Use DAY/MONTH #/DAY# format: EX. (Mo/10/5). Multiple reservations with the same drop-off and pick-up time can be made on one reservation form. Separate multiple dates with a coma: EX. (Mo/10/5, Tu/10/6, W/10/7, Th/10/8). Reservation requests submitted for approval are not confirmed. Only requests that receive a confirmation email notification are confirmed. Confirmed reservations are required to attend. *Requests submitted after hours or over the weekend will not be reviewed until the next business day. Same day reservations are not recommended. There are no Drop-In reservations on Fridays.*

*Reservation Date/Dates:

_____

_____

_____

_____

_____

*Drop-Off Time

_____12:00 Lunch Buddies (3-4 years only)

_____1:00 Rest Time (3-4 years only)

_____3:00 pm

_____3:15 pm

_____3:30 pm

_____3:45 pm

_____4:00 pm

_____4:15 pm

_____4:30 pm

_____4:45 pm

_____5:00 pm

_____5:15 pm

_____5:30 pm

_____5:45 pm

_____6:00 pm

*Pick-Up Time

_____3:15 pm

_____4:00 pm

_____4:15 pm

_____4:30 pm

_____4:45 pm

_____5:00 pm

_____5:15 pm

_____5:30 pm

_____5:45 pm

_____6:00 pm

_____6:15 pm

_____6:30 pm

_____7:00 pm

_____7:15 pm

- Save this form as FALL26YOURLASTNAME , attach to email and send to: DropIn.DocSub.ResReq@ccsu.edu
- Reservation Requests are not confirmed until you receive a **Reservation Confirmation Notification** via University Email