Sign and Return

Gulf Coast Manatees Homeschool Group INC.
DROP-OFF OPTION & FAMILY AGREEMENT

GCMHG understands that work schedules and other family responsibilities may sometimes prevent a parent or guardian from remaining on-site during scheduled programs. To help make participation more accessible for our families, **approved GCMHG member families may utilize our Drop-Off Option during designated Fall 2026 program days.**

Drop-off is a **family convenience offered within our cooperative — not a separate childcare program.** Families using this option remain responsible for following the expectations outlined in the **GCMHG Family Handbook, Membership Application, Core Values & Policies, and Class Conduct expectations.**

Fall 2026 Drop-Off Availability

Drop-off will be available on designated:

- **Fall P.E. Session Dates**
- **Tuesday Co-op Class Days — 10:00 a.m.–2:00 p.m.**

Drop-off availability for field trips, special events, clubs, or other activities will be communicated separately.

Fall 2026 Drop-Off Fees

$15 per family, per approved drop-off day
OR $150 per family for the full Fall 2026 session
The full-session fee covers approved drop-off during designated **Fall P.E. session dates AND Tuesday Co-op Class Days (10:00 a.m.–2:00 p.m.).** The full-session fee is **nonrefundable and nontransferable.** Advance sign-up through Band is still required for each day your child(ren) will be dropped off.

Drop-Off Expectations

1. Children must bring a **lunch, snack if needed, and a filled refillable water bottle**, clearly labeled with the child's name.
2. Parents/guardians must arrive **5–10 minutes before the scheduled program begins** and return **5–10 minutes before dismissal** so drop-off and pick-up can take place on time.
3. Children will only be released to a **parent/guardian or approved pickup person listed on this form. NO EXCEPTIONS.** Please notify GCMHG in advance of any approved pickup changes.
4. Families must sign up/notify GCMHG through the **Band App at least 24 hours before** utilizing drop-off. This applies to both daily drop-in and full-session families.
5. Children participating without a parent/guardian on-site are expected to follow GCMHG's conduct expectations, respect instructors and volunteers, participate appropriately, and follow directions.
6. GCMHG will communicate behavioral concerns with the parent/guardian. **Repeated behavioral concerns, failure to follow program expectations, or repeated late drop-off/pick-up may result in**

the loss of drop-off privileges. If drop-off privileges are suspended, a parent/guardian will need to remain on-site for the child to participate.

7. A parent/guardian must remain **reachable by phone during the entire drop-off period** and be able to return if contacted due to illness, injury, behavior, emergency, or another situation requiring parental involvement.
8. Drop-off is a privilege available to approved member families and is dependent upon adequate staffing/volunteer coverage and the needs of the program.

Parent/Guardian Agreement

_____ Yes, I have read and understand the GCMHG Family Handbook, Membership Application expectations, Core Values & Policies, Class Conduct expectations, and Drop-Off Policy.

I have communicated these expectations to my child(ren) and understand that I remain responsible for ensuring my family follows GCMHG policies while participating in the cooperative.

I understand that drop-off privileges may be suspended or discontinued if these expectations are not followed.

Parent/Guardian Information

Parent/Guardian Full Name(s):

____

____

Approved Pickup Parent/Guardian(s):

____

____

Cell Phone: ______________________________

May GCMHG text this number? _____ Yes _____ No

Children Utilizing Drop-Off

Child 1: __________________________________

Gulf Coast Manatees Homeschool Group INC.

Child 2: ___________________________________

Child 3: ___________________________________

Child 4: ___________________________________

Additional children may be listed on a separate page.

Allergies / Medical or Dietary Information

Please include the name of the child affected and any information GCMHG should know while the parent/guardian is off-site.

Emergency Contact

Name: ____________________________________

Phone: ___________________________________

Relationship to Child(ren): ______________________________

Parent/Guardian Acknowledgment

I understand that participation in the GCMHG Drop-Off Option requires my child(ren) to follow GCMHG policies and behavioral expectations. I understand that I must remain reachable while my child(ren) are participating and return promptly if contacted.

Drop-Off Fee Selection:

_____ **$15 per family, per approved drop-off day**

_____ **$150 per family — Full Fall 2026 Session**

Parent/Guardian Signature: ______________________________

Date: __________________