



## Request for Additional Days or Hours

Child(ren)'s name \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Classroom \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested date & time \_\_\_\_\_

Once approved, all scheduled days/hours will be billed, unless cancelled at least two weeks in advance. The 10% discount will still apply if called in by 8 a.m.

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

Date: \_\_\_\_\_

\_\_\_\_\_ Approved

\_\_\_\_\_ Not approved; however, we will contact you if space does become available

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date