



EXTRA DAY(S) OF CHILD CARE

I understand, by signing the form below, that I am responsible for the extra day charge. In the event that my child(ren) is/are unable to attend on this day(s), I am still responsible for this charge, per the Parent Handbook.

Dear _____ of Room(s) _____,
Teacher(s)

_____ will be taking an extra day(s) on
Child(ren)'s Name(s)

Date(s)

Office Signature

Date

Parent's Signature

Date

Date Unavailable Room Notified Billing Notified

Original - to Office; Copy - to classroom teacher

EXTRA DAY PARENT FORM.docx

Revised 7-2010



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