



Extra Day

Child's Name _____

Classroom _____

Extra Day(s): _____

Regular Schedule:

Monday

Tuesday

Wednesday

Thursday

Friday

_____ Full day (\$80 per day, 8 hours or more)

_____ Half day (\$55 per day, less than 8 hours)

Parent's Signature: _____

Date: _____

Approved by: _____

Date: _____