



REQUEST FOR EXTRA HOURS FORM

Complete this form if you need care for your child beyond your regular schedule. Submit this request to the classroom teachers for approval.

The teachers will keep this form until the hours are used. Parents will be asked to sign the form confirming the hours and date on this form is correct. CCSC will bill families for the actual hours used and will be applied to the next billing cycle. **Extra Hours are billed at \$15.00 per hour.**

| Child's Name | Classroom | Today's Date |
|--------------|-----------|--------------|
| | | |

| Requested Date | Requested Hours | Approved? |
|----------------|-----------------|--|
| 1. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Teacher Signature | Teacher Printed Name | Date |
|-------------------|----------------------|------|
| | | |

THE PART BELOW SHOULD NOT BE COMPLETED UNTIL AFTER THE REQUESTED HOURS HAVE BEEN COMPLETED.

| | | | |
|-------------------|--|-------------------|--|
| Requested Date | | Actual Hours Used | |
| Requested Date | | Actual Hours Used | |
| Requested Date | | Actual Hours Used | |
| Teacher Signature | | | |
| Parent Signature | | | |

PLEASE DO NOT WRITE BELOW THIS LINE. FOR CCSC ADMINISTRATOR USE ONLY.

| Extra Hours Used | Total Amount to be Billed | Entered in ProCare On | Entered By |
|------------------|---------------------------|-----------------------|------------|
| | | | |
| | X \$15 = | | |