

# Extra Days Payment Form

Child's Name \_\_\_\_\_

Classroom \_\_\_\_\_ Extra Days (list date/s) \_\_\_\_\_

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

Teacher/Office Signature \_\_\_\_\_ / \_\_\_\_\_

Rate Per Day	\$160
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\*Please obtain your classroom teacher's signature first before bringing to the office to confirm there is space available on the day you requested. Amount will be invoiced on your monthly tuition bill.

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