ADDITIONAL CARE DAY REQUEST

Parent/Guardian Name: _____

Parent/Guardian ID Number: _____

Child's Name: _____

Date(s) of additional care being requested:

_____   _____   _____

Are you willing to have your child in another color family if there is space available on the dates requested? (This does not apply to the Red Family.) _____ yes _____ no

I understand that if the additional care days are approved:

- I will be billed according to the following rate:
    - Preschool: 53.00/day of additional care
    - Toddler: 66.00/day of additional care
- I will be charged for these dates whether my child does or does not attend (for example, if my child is absent due to illness or change of plans).
- I understand I will be assessed a separate fee in addition to my regularly scheduled bill.
- I understand that I cannot "exchange" a regular day of my schedule for a day outside my schedule (i.e., if my child attends Tuesday/Thursday, I cannot "exchange" one of the Tuesdays for a Monday, Wednesday, or Friday).
- I understand that the extra day requested is not approved until I receive an email confirmation back from the UCLC administrative team.

Parent/Guardian Signature: _____ Date: _____
Typed signature is acceptable
        Reminder: Payment is not due until the charge slip has been prepared.

For Office Use only:

Date Received: _____

Approved / Denied
Please circle
Amount to be charged: _____

_____
Administrative signature
_____
Date