

# EXTRA CARE REQUEST FORM

All requests must be approved before using extra care. Please fill out and return to the front desk.

Child's Name: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent: \_\_\_\_\_ Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Date needed for extra care    M    T    W    TH    F    \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Drop off time \_\_\_\_\_ to Pick up time \_\_\_\_\_