

# **Extra Day** in Extended Day

Request Date: \_\_\_\_\_ Teacher: \_\_\_\_\_

***Please notify your teacher***

A \$25 fee per child will be charged on next month's billing.

Child's Name: \_\_\_\_\_ Parent: \_\_\_\_\_

Dates Requested for Extra Day(s): \_\_\_\_\_

MTW ED Staff Signature: \_\_\_\_\_