



847-281-9911

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## EXTRA CARE

1. Please complete this form and approve with your child's teacher.
2. After you have received approval from your child's teacher and the teacher has signed this form please leave in the black box outside the office.

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

Date Extra Care Requested: \_\_\_\_\_

Hours Extra Care Requested: \_\_\_\_\_

### TEACHER APPROVAL SIGNATURE

\_\_\_\_\_

Per Hour Fee: \$12.00

Total Amount Enclosed: \$\_\_\_\_\_

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

PLEASE BE SURE TO REMIND THE HEAD TEACHER AT DROP OFF THE DAY YOUR CHILD IS SCHEDULED FOR EXTRA CARE. IT IS VERY IMPORTANT THAT YOUR CHILD'S NAME IS ADDED TO THE ATTENDANCE ROSTER FOR THE DAY.

THANK YOU VGM STAFF