



CO-OP BUYOUT / MAKE-UP FORM

Child's Name: _____ **Classroom:** _____

Parent's Name: _____ **TODAY'S DATE:** _____

Date(s) of Buyout: _____

Buyout Request Due To (*check one*): illness vacation other

Co-op Day (*circle*): Mon Tues Wed Thurs Fri

Time Slot (*check one*): 8:30am-10:30am 1:00pm-3:00pm
 8:30am-9:30am 4:00pm-6:00pm
 9:30am-10:30am 4:00pm-5:00pm
 11:30am-12:30pm 5:00pm-6:00pm
 12:00pm-1:00pm Other _____

Buyout Fees	
Per hour when 5 business days notice is given	\$30.00
Per hour when less than 5 business days notice is given	\$35.00
Per hour when less than 2 business days notice is given	\$40.00
**Additional charge per hour when less than one business day's notice is given	\$30.00

ONLY FILL THIS PORTION OUT IF YOU ARE MAKING UP A CO-OP
(Make-ups are ONLY allowed if you missed a co-op due to the illness of you or your child. Makeups may not be scheduled during the lunch time unless it is your regular coop time. You have 30 days to arrange a make-up with the office- 462-8870..)

Make-Up Date: _____ **Administrator's Signature:** _____

For Office Use Only

Notice Given (*circle*): less than 1 bus. day less than 2 bus. days less than 5 bus. days more

Notice Received By: _____ **Date:** _____
 Initial