



CCSC Extra Hours Request Form

*Extra Hours are billed at \$15.00 per hour

The parent should complete this form and submit the request to the classroom team of teachers for approval. The classroom will keep this form until the hours are used. Parents will be billed for the hours requested or the actual number of hours used, whichever is greater. The parent will be asked to sign it confirming that the hours and dates are correct; than it will be submitted to the Business office and applied to your monthly billing statement.

Child's Name: _____ Classroom: _____

Date of hours Requested: _____ Hours needed: _____

**Please list additional dates and times on the lines below. Thank You.*

Date of hours Requested: _____ Hours needed: _____

Date of hours Requested: _____ Hours needed: _____

Date of hours Requested: _____ Hours needed: _____

Teacher signature for approval of hours: _____

Actual Hours used: _____ *Date:* _____

Actual Hours used: _____ *Date:* _____

Teacher Signature: _____

**Parent Signature:* _____

**This part should not be signed until after the hours have been used.*

For office use only

_____ X _____ = _____
Extra hours used \$15.00 per hour Total charge for hours

Billing: _____ *Date:* _____