



Request for Extra Hours

(This form should be used for extra hours on a day your child regularly attends)

Child's Name _____ Date _____

I would like my child to extend his/her hours on _____.
Date _____

I would like my child to attend:

____ Before his/her scheduled hours for the hours of ____am to ____am.

OR

____ After his/her scheduled hours for the hours of ____pm to ____pm.

Parent/Guardian Signature Date

Please share this request with a member of the Admin team at least 24 hours in advance of the date. Your request will be approved if there is space and faculty coverage available. This form will be returned to you confirming or denying approval. Your account will be adjusted accordingly. Please note that this is a request and you must receive approval before your child is able to attend for any extra hours.

This request is approved/denied based on staffing and mandated ratios.

Total # of hours requested: _____ x \$10/hr.

Total charge for request: \$_____.

Payment is due with your next tuition on ____/25/_____.

FOR OFFICE USE: RECEIVED BY _____ ON ____/____/____.

ENTERED IN BRIGHT STAR BY _____ ON ____/____/_____.