



847-281-9911

vgm3@sbcglobal.net

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