



Request for Additional Days or Hours (Flex Care)

Child Name(s) _____

Classroom _____

Requested Date _____

Requested Time _____

Once approved, all scheduled days/hours will be billed, unless cancelled at least 2 weeks in advance.

Parent Signature _____

Date _____

_____ Approved

_____ Not Approved; however, we will contact you if space does become available

Supervisor Signature _____

Date _____

Office Use Only

Date Entered _____ By _____