NEDP Extra Day Request Form (24 hour notice appreciated)

NEDP Copy

My child attends the NEDP program at	
	Parent /Guardian
am requesting additional care for my child,	for the following day(s):
I understa	and that there is an additional fee of \$40.00 per day.
Parent/Guardian Signature	Date
NEDP Extra Day	
Financial Man	ager's Copy
Participant's Name:	School:
Number of days requested x \$40 = \$	Dates of requested days:
Site Coordinator's Initials: Date:	
NEDP Extra Day	
Parent	Сору
Your request for additional care has been:	
Denied due to:	
Approved. We are looking forward to s	eeing your child on:
Please remember to send a no	ote to your child's teacher.
Participant's Name:	
Extra Day Fee: \$40.00	
Number of days requested $x $40.00 = 5$	\$
Extra Day Fee will appear on your next tuition invoice	<u>ce.</u>
Site Coordinator's Initials: Date:	