



EXTRA TIME REQUEST FORM

CUMNS KIDS

317-841-7491

Fax: 317-585-7820

www.cumnskids.com

cumnskids@castletonumc.org

Date Request Submitted: _____

Child's Name: _____ Child's Class: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Parent/Guardian Email: _____

Date of Extra Time needed: _____ Day of week (circle one) M T W R F

Extra Time needed (circle the time block(s) needed): 7:30-9:00/3:00-5:30* 9:00-3:00 All Day

*7:30-9 and 3-5:30 are no longer available individually. You will be charged for both and can use both if it is approved.

I/We, the parent(s)/guardian(s) of _____ understand that the Extra Time requested for my child is not guaranteed until I/We receive an email approving the time and that the time will be billed at **150% of the normal price directly to Tuition Express**. My signature below indicates that I have read and agree to this protocol.

Parent/Guardian Signature

Date

For office use only:

- Yes, the Extra Time requested for this child has been approved.
- No, the Extra Time requested for this child has not been approved.

CUMNS KIDS Assistant Program Director Signature

Date

Notes: