## Beaufort Children's Centre Request for an Extra Day

Child(ren)'s Name(s):				
Room (Please Circle):	Hummingbird	Orca	Ladybug	
Date(s) Requested:  Hours Requested:				
Parent/Guardian S	ignature:			
Please check with the Roo	om Supervisor(s) abou	t availability f	or day(s) requested.	
Room Supervisor's Signa	ture:			
Fees: \$52/day for Hummingbird Room – Student Rate \$47 \$41/day for Orca Room or Ladybug Room				
days that fall into a different	ent month (i.e. one for	m for days in	ay(s). Please fill out a separate form for March, another form for days in April). y to a different month. Thank you!	
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**Important:** Please pay for extra days <u>on or before the extra day(s)</u>. Please fill out a separate form for extra days that fall into a different month (i.e. one form for days in March, another form for days in April). Likewise, please write a separate cheque (or pay cash) for days that apply to a different month. Thank you!