

## 2023-2024 Request for Additional Day of Care

- Requests for additional care will be granted based on availability and on a first come first served basis. We ask that this form be filled out 24 hours before the requested day of care.
- Upon submission of this completed form to the Gan Ami Business Manager, families will be notified if their request is honored. To maintain the quality of the Gan Ami programs, class sizes are limited. Class size limits will be strictly observed. For children not enrolled in our full-time program, additional full or half days may be added to a child's schedule on an individual basis.
- With the exception of K4, requests will only be granted one month in advance.
- A nonrefundable rate of \$135.00 for each additional full day and \$95.00 for each additional half day will be levied for all requested additions upon administrative approval.

Student's Name:					
Classroc	om:				
Date(s) of Addition:			alf-Day /	Full–Day	
By signing below, I agree to abide by the policies of the Harry and Rose Samson Family Jewish Community Center and agree to the terms and conditions as indicated above.					
Signature of Authorization:			Date:		
FOR OFFICE USE ONLY:					
	Date Received:	Total Tuition Adjustmen	nt:		
	Request Approved	\$00			
	Request Unavailable	Date Processed:			