



Child Care Expense Request

School Year: _____

Child's Name: _____

Parent's Name: _____

Mailing Address: _____

(Street/Post Office Box)

(City-State - Zip Code)

January – May (Year) _____ - - _____ yes _____ no

Name of Elementary School Attended: _____

Before School Records _____ yes _____ no

After School Records _____ yes _____ no

August –December (Year) _____ - - _____ yes _____ no

Name of Elementary School Attended: _____

Before School Records _____ yes _____ no

After School Records _____ yes _____ no

Summer Camp Records (Year) _____: _____ yes _____ no

Please attach your **CASH** payment of **\$10.00** to this form and return to the After School or Before School Supervisor or mail to the Marietta Community School office. Please allow at least one week for the information to be processed.