

# Release Time Reimbursement Claim Form

Please return to:

Delaware Association for the Education of Young Children  
 2004 Foulk Road, Ste. 6  
 Wilmington, DE 19810

**Form C**

## Sponsor information

Center Name: \_\_\_\_\_

Address: \_\_\_\_\_

**For:**

Recipient

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Submit all term claims within 30 days after the close of each semester.

Failure to do so will result in forfeit of money for the claims.

**Term Covered  
by this claim**

Fall

Spring

Summer1

(Year) \_\_\_\_\_

circle one

(You must use a separate sheet for each semester)

## Release Time Claimed

	Date	Times	# of Hours Off Round to nearest 1/2 hour
<b>Sample</b>	1/10/07	3 to 5 pm	2 hrs.
<b>Total Hours Claimed</b>			

Director's Signature \_\_\_\_\_

Teacher's Signature \_\_\_\_\_

Counselor: Maria Staman