

T.E.A.C.H. Early Childhood® WASHINGTON, DC

Release Time Reimbursement Claim Form

Sponsor Information

Center License #
Center Name
Center Address
Center City, State, Zip

For:
Recipient Name
Program/ Option
Counselor:

Term Covered by this claim Circle one	(You must use a separate claim form sheet for each semester)		
	FALL	SPRING	SUMMER _____ (Year)

Release Time Claimed

	Date	# of Hours Off round to the nearest 1/2 hr.
<i>Sample</i>	1/1/10	2 hrs.
	Total hours claimed	

Director's Signature _____

Recipient's Signature _____

Please return to: National Black Child Development Institute
Attn: T.E.A.C.H.
1313 L Street, NW Suite 110
Washington, DC 2000540