**T.E.A.C.H. Early Childhood® MINNESOTA**

Early Childhood Scholarship Program

Release Time Claim Form (Form C)

**Sponsoring Program Information**

Recipient's Name:

Center Name: Center License#:

Center Address:

Term covered by this claim

(circle one) Fall Winter Spring Summer _____

Year

**Release Time Claimed**

| **Date** | **# of Hours Off** (round to the nearest 1/2 hour) | **Date** | **# of Hours Off** (round to the nearest 1/2 hour) | **Date** | **# of Hours Off** (round to the nearest 1/2 hour) |
|---|---|---|---|---|---|
| 1/1/01 | 2 hrs | | | | |
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I certify that the amount of release time being claimed is correct to the best of my knowledge. I understand that this information is being given for the receipt of reimbursement for release time; deliberate misrepresentation of the hours being reported may subject me to forfeiting my release time reimbursement.

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**Signature of Program Director/Owner**

I certify that all release time that is being reported has been given to me during the semester/quarter identified above.

_____

**Signature of T.E.A.C.H. Scholarship Recipient**

**Send completed form to:**

**T.E.A.C.H. Early Childhood® MINNESOTA**

**380 Lafayette Road, Suite 103**

**St. Paul, MN 55107**

**Fax: 651-209-1761 or e-mail shellyh@mnchildcare.org**