Claim Form
Form C

Please return with receipts to:
Child Care Aware of Missouri
955 Executive Parkway Dr., Ste. 106
St. Louis, MO 63141
Fax to: 866-697-8168

Sponsor Information

Center Name: _____

Center DVN: _____

Recipient Name: _____

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.

School Term Attended: ☐ **Fall** ☐ **Spring** ☐ **Summer** **Year:** _____

Paid Time Off Claimed

	Date	**Times**	**# of Hours** (Round to nearest ½ hour)
Sample	1/10/24	3 to 5 pm	2 hrs.
	Total Hours Claimed		

Director's Signature _____ **Teacher's Signature** _____

If you have questions, please call your counselor at (314) 535-2020, x 607/609.