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**Recipient information**

(Name & Address)

Fall  Spring  Summer (Year) \_\_\_\_\_

Release time hours: \_\_\_\_\_ hours

Rate of reimbursement: \$11.00 /hr

Amount of reimbursement: \_\_\_\_\_

\_\_\_\_\_  
(Recipient's Signature)

\_\_\_\_\_  
(Date)

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(cut along line to create two forms for two semesters)

T.E.A.C.H. Early Childhood® VERMONT  
Family Child Care Provider Release Time Stipend

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**Recipient information**

(Name & Address)

Fall  Spring  Summer (Year) \_\_\_\_\_

Release time hours: \_\_\_\_\_ hours

Rate of reimbursement: \$11.00 /hr

Amount of reimbursement: \_\_\_\_\_

\_\_\_\_\_  
(Recipient's Signature)

\_\_\_\_\_  
(Date)

# FORM C

## Release Time Claim Reimbursement Form Instructions

Dear Director/Family Childcare Provider:

Enclosed are Form C's for your scholarship recipient(s). Form C's are to be completed and turned in at the end of each semester but no later than 30 days after the close of each semester. Failure to do so will result in forfeit of money for the claims.

**S**cholarship recipients can receive up to 3 hours of paid release time per week for 15 weeks during an active semester. This is regardless of how many credit hours the recipient is taking.

VTAEYC will reimburse the center or family childcare provider \$11.00 per hour for up to 45 hours total per semester.

Release time may be taken by the recipient to attend class, study, or to attend to personal needs. How you (and your scholarship recipient, if you are a center) schedule release time is up to the two of you, but we do expect the release time to be taken each semester.

If you are a center, either you or the recipient may be responsible for completing the forms, again whatever works best for your program, but the form **MUST** be signed by both you and the recipient.

If you are a family child care provider, please sign the recipient signature line.

If you have any questions about completing these forms, please give your scholarship counselor a call at 802-387-0870.