



VACATION CREDIT REQUEST FORM

Center Location: _____

Two vacation weeks are given to each family in September. This time must be scheduled as five or ten consecutive days between September and August. Unused time does not carry over from year to year.

Please Note: Notification must be given to the center two weeks prior to vacation time for scheduling and billing reasons. Your child cannot be in attendance while vacation credit is being used. Additionally, we cannot offer vacation credits for our WRAP/SACC families paying monthly.

Child's Name: _____ Parent's Name: _____

Date(s) of Vacation: _____ Date Requested: _____

(For Director Use Only)

Director Signature: _____ Date: _____

Request Number (circle one): 1 or 2

(For Business Office Use Only)

Approved By: _____ Date: _____

Credit Given: _____ Remaining Vacation Days: _____