

VACATION TIME REQUEST FORM

CHILD'S NAME: _____

CLASSROOM: _____ **DATE SUBMITTED:** _____

I WOULD LIKE TO USE THE VACATION POLICY FOR THE FOLLOWING WEEK: _____

Circle the days your child regularly attends: M T W R F

Parent Signature: _____

In order to take advantage of Care-a-lot's Vacation Policy, you must:

- 1. Have one year of continuous enrollment.**
- 2. Provide two weeks written notice.**
- 3. Have your account paid in full.**

Your vacation discount will be based on the average tuition billing for the last 12 weeks of care before the week of vacation.

All vacation discounts must be used in one week of the calendar year. (It should not be used for taking a day here and there.)

OFFICE USE

Director confirming eligibility: _____

Parent Notified of the decision: _____

Noted in Billing Book: _____ **Date:** _____

Entered in EZcare schedule _____ **Entered in Tuition:** _____