

# VACATION REQUEST FORM

Please credit \_\_\_\_\_ account with a vacation credit for the week of  
(Child's Name)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ through \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_.

Parent/Guardian's signature \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

**Every full-time child is eligible for two weeks of vacation credit each year. These weeks may be taken from August 1<sup>st</sup> – July 31<sup>st</sup> of each year. Your child must not attend the center on the week your child's account receives vacation credit.**

**If you are not sure whether your child still has vacation credit available check here . Your child's account will be reviewed and you will be contacted.**

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