



VACATION OR SHORT-TERM CENTER LEAVE NOTICE

If you plan to be: (please check one)

_____ on vacation, or
_____ your child (ren) will be leaving the center for less than four weeks,
please complete the following:

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

Child's Name: _____ Classroom: _____

Dates that the child(ren) will not be at the center: ____/____/____ to ____/____/____

If your child (ren) leaves the center for vacation and then returns in less than four weeks, the center tuition remains due. If you qualify and have not already used the center's vacation policy for the year, a 50% reduction in tuition will be applied to your account and billed for the first week of absence. All other following weeks will be billed in full.

Parent Signature

Date

Please return this form to the front desk. Thank you!

OFFICE USE

Route to: _____