



Family Vacation Request Form

Child's Name: _____ Room Enrolled: _____

My child will be on vacation for the following dates:

Week of Vacation: _____

Return Date: _____

Parent Name: _____

Parent Signature: _____ Date: _____

Vacation Policy

- Every family is eligible for 2 half-week credits after one full year of enrollment.
- Parents must provide a 2-week advance notice in writing.

For Office Use Only:

Student Enrollment Date: _____

Approve [] Deny []

Management Signature: _____

Credit Given: _____