

Vacation Request Form

Childs Name:	Room Enrolled:
My child will be on vacation for the following dates:	
Week of Vacation:	
Return Date:	
Parent Name (Please Print):	
Parent Signature:	Date:
Vacation Policy:	
- Parents Must Provide A 2 Week Advance Notice In Writing	
 One-Week Vacation Allowance After One Year Vacation Discount Within 1st Year – 50% Off Full Posted Rate 	
- School Teachers – Extended Allowances May Apply (See Director)	
For Office Use Only:	
Students Enrollment Date: _	
Approve []	
proceed 1	· · · , [
Management Signature:	Date:
Credit/Discount Given:	