



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 [] Deny []

Management Signature: _____ Date: _____

Credit/Discount Given: _____