

CHASE LEARNING CENTER & DAYCARE, INC.
330 CANYON PARK DRIVE
PELHAM, ALABAMA 35124

VACATION REQUEST

Today's Date: _____

Child's Name: _____

Parent's Name: _____

Requesting Week Of: _____ Year: _____

AGREEMENT / ACKNOWLEDGEMENT

I understand that my child will be allowed a one (1) week vacation in which the center will not charge to hold my child's spot, provided that the center is given a two (2) week written notice. Failure to give a two (2) week written notice will result in payment being due to the center for the time my child is out. I understand that my child has to have been in attendance at the center for at least six (6) months before vacation will be allowed without payment. I also understand that my child may not attend the center at any time during the vacation week. I understand that my child's vacation must be taken from Monday through Friday of the same week. I understand that vacation time starts on June 1st and ends on May 31st of each school year. I understand that vacation time may not be rolled over to the following year. I understand that this vacation request will be reviewed and either approved or denied by management.

Parent Signature: _____

OFFICE USE ONLY: _____ Date: _____

Vacation Request for: _____

Week of: _____

Approved - Vacation for School Year: _____

Disapproved - Reason: _____

Management Signature: _____