

## **Family Vacation Request**

## Contract Billing Agreement Excerpt:

After 6 months of enrollment, each family will earn 2 weeks (equivalent to the days you are enrolled) of vacation time. Vacations will accrue annually on the account anniversary date. Vacation time does not roll over. Vacation time will need to be approved by management with a 30 day written notice. If it is not possible to give notice in such time, I will inform management as soon as possible. In this event, adjustments will be made at their discretion.

This applies to single days as well as extended vacation. Please fill out the following and submit for approval. A copy will be made for your records. Thank you.

Date:/	_/					
Parent's Name	e:				-	
Child's Name:						
Vacation Dates	s Reques	ted:				
	Date:			Date:		
	Date:			Date:		
	Date:			Date:		
	Date:			Date:		
	Date:			Date:		
Total Number	of Days R	equested:				
Signature of Parent			_ Date		_	
Approval Tim	e Stamp:					
Signature of Director			_ Date			