

Vacation/Schedule Change Request Form

Child's Name: _____

This form must be submitted to the director two weeks *prior* to need

Please check the appropriate box, we **do not** credit for added days, past days, or sick days.

☐ Option 1 Request for Vacation

For returning families only. There is no vacation allotment during the first year of attendance at Elbow Lane School or for those enrolled in the morning program. Returning family's deposit for the new school year will be held for the family to use later in the same school year as vacation time. Time off requests must be submitted to the director 2 weeks prior to the need. Any unused portion of the deposit remaining on June 1st of the school year will be used towards the child's last week tuition. If the last week tuition owed is greater than the remaining vacation balance, families are responsible for the difference. Families withdrawing prior to the end of the school year will forfeit any remaining deposit.

I wish to receive credit for the following dates: (deposit credit may be used if childcare is closed for a holiday)

DATES*: _____

*If requested credit exceeds the deposit available, families are responsible for the difference.

☐ Option 2 Notice of Child's Absence

My child will be absent on the following date(s), ***OR*** I do not wish to use my vacation credit at this time.

DATES: _____

☐ Option 3 Request for Change to Normal Schedule (switching days for holidays/closures are not permitted)

I request the following change, (i.e., drop-off, pick-up, add a day) to my child's normal schedule:

Kindergarten Only: I am requesting full day childcare on the following dates due to no CB kindergarten at my child's home Central Bucks School (additional \$30.00 per day).

DATES: _____

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____