



213 E. Jimmie Leeds Road ♦ Galloway, NJ 08205 ♦ 609.404.4700 ♦ F 609.404.4711

## VACATION REQUEST FORM

I, \_\_\_\_\_, am requesting to use a vacation credit for my child, \_\_\_\_\_, for the week beginning on \_\_\_\_\_ and ending on \_\_\_\_\_.

- ♦ I understand that I will not be in attendance for the entire week (Monday - Friday). \_\_\_\_\_ (initials)
- ♦ I understand that I am entitled to 50% off of my regular tuition payment for the week as long as I am not in attendance. \_\_\_\_\_ (initials)
- ♦ I have been enrolled continuously without a break for at least six months. \_\_\_\_\_ (initials)
- ♦ I have not used a vacation credit in the past six months. \_\_\_\_\_ (initials)
- ♦ I understand that I will be eligible for my next vacation exactly six months or more from the date of my vacation. \_\_\_\_\_ (initials)

\_\_\_\_\_  
*Parent's Signature*

\_\_\_\_\_  
*Date vacation requested*

↓ Please do not write below this line. ↓

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Date Vacation Credit Given \_\_\_\_\_ Amount of Credit \$ \_\_\_\_\_

Director's Signature \_\_\_\_\_