



REQUEST FORM

Please print all information clearly

Today's Date: _____

Child's Last Name: _____ First Name _____

Child's Last Name: _____ First Name _____

Vacation: Vacation days must be requested 5 business days in advance

Days: Mon Tues Wed Thurs Fri

List dates here: _____

Extra Day of Care: must be pre-approved by a Site Coordinator

Days: Mon Tues Wed Thurs Fri

List dates here: _____

Permanent Change in Schedule: two week notice required

Current Schedule: Mon Tues Wed Thurs Fri

New Schedule: Mon Tues Wed Thurs Fri

Date starting new schedule: _____

Parent/Guardian Signature: _____



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