



Empowering You To Be

Credit Day/Vacation Form

**Policy: One week notice is required and must be taken within the month of the absence(s).
(This excludes credit days for illness).**

NOTE: Credit days are for full-time families only.

I, _____ am requesting credit/vacation day(s) for child(ren):
(Parent's Name)

1. _____ Program: _____
(Child's Name)

Date(s): _____

2. _____ Program: _____
(Child's Name)

Date(s): _____

3. _____ Program: _____
(Child's Name)

Date(s): _____

Parent Signature _____ Date: _____

Office Use Only

Date received _____

Was credit/vacation day approved? _____ YES _____ NO

If no, why?

Amount of vacation credit \$ _____ Remaining credit days _____

Administrative Staff Signature _____