

DAYS OFF CREDIT REQUEST

Child's Name (first & last) _____ **Center** _____

Parent's Name (first & last) _____ **Date** _____

DAYS OFF CREDIT (vacation, short term illness, holidays and other):

There are two options available for credit for days missed that a child is enrolled, per your signed agreement.

Option one – Two enrollment weeks at full credit

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| From September 1 to December 31 | One full enrollment week |
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| From January 1 to August 31 | One full enrollment week |
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Option two – Four enrollment weeks at 60% credit

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| From September 1 to November 30 | One enrollment week at 60% |
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| From December 1 to February 28/29 | One enrollment week at 60% |
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| From March 1 – May 31 | One enrollment week at 60% |
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| From June 1 – August 31 | One enrollment week at 60% |
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