



REQUEST OF ABSENCE/ VACATION NOTICE

To allow Kids Connection time to make proper staffing and billing arrangements, this form must be submitted **at least 10 business days prior** to the requested date(s).

Child Name _____

Date(s) of requested absence: _____

Requesting Parent/Guardian Name _____

I understand that I am requesting time for my child to be absent. I understand that once I submit this form, I am committed to not having my child attend the above days.

I understand that I may request time off one time per school year and one time per summer and not be charged a Change of Contract fee, provided I give a 10 business day notice.

All other requests will be charged a change of contract fee.

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date in _____

Change of Contract Fee applied: Yes No

Staff initial _____