

VACATION CREDIT REQUEST FORM

SALEM CHILD DEVELOPMENT CENTER

The vacation credit policy is as follows:

NOTICE REQUIRED: 1 (one) week advanced written notice to the office is required. Verbally telling staff or signing up in the program does not qualify as notice. **Advance Written notice to the office is required to receive credit.**

VACATION QUALIFICATIONS: Vacation credit will run for increments of one week to qualify. Minimum of 5 consecutive days for full time children; part time children need to have consecutive days equivalent to one scheduled week of vacation. Credit is not given for days missed or days less than one-week increments. Vacations can run over the weekend as long as you are out of care in consecutive days; i.e.: Mon-Fri; Wed-Tues, etc. Holidays count as regular days. If your child attends during your vacation week your credit will be disqualified and you will be charged for the week.

AMOUNT OF CREDIT AVAILABLE:

SCHOOL YEAR: *Infants, Toddlers and Preschool programs may request 1 (one) week credit
*School Age may request up to 2 (two) weeks of vacation credit

SUMMER: *During the Summer Program all ages are eligible for 1 week of vacation credit

BILLING: If the vacation request reaches the office before the 1st of the month, the credit will go on that month's bill. If the vacation request reaches the office after the bills are distributed, the credit will appear on the next month's bill. **The office will not reissue bills once they are distributed.** There will be no credit for missed days over the limit allowed.

- Please let the staff know when your children will be absent. Program plans are based on the number of children attending. We also need to know attendance for security purposes.
- Each year the vacation amount is determined by the budget and tuition rates.
- Thank you for your cooperation with reporting attendance to the staff.

VACATION REQUEST – COMPLETE AND RETURN TO THE OFFICE
ONE WEEK IN ADVANCE OF VACATION

CHILD(REN)'S NAME _____ SCHOOL SITE _____

VACATION DATES _____ (list the weeks consecutive days)

PARENT SIGNATURE _____ DATE _____