

PARENT REQUEST FORM

Student's Name: _____

VACATION NOTICE

Date of Vacation: _____

FULL-TIME

I understand that I am entitled to two weeks per year (June 1st-May 31st) at HALF off my regular tuition rate. If my child is off any other time I am required to pay full weekly tuition. This helps to guarantee that my child's space will be reserved for them. I understand that my child must be enrolled in the program FULL-TIME to be entitled to the half-rate tuition.

PART-TIME

I understand that I must still pay for my child's days during the time of the absence.

Part-time children may make-up 6 days per year (June 1st- May 31st). If one is a Holiday, my child will be allowed to make-up that day in addition to the 6.

STATEMENT OF INVOICES & PAYMENTS

Date(s) of Statement: _____

W-10 TAX STATEMENT

Year: _____

PERSONAL INFORMATION CHANGES

Address: _____

Phone Number: _____

Emergency Contacts: _____

ATTENDANCE CHANGE(S)

Currently Enrolled (FT/PT & Days of week): _____

Desired Enrollment: _____

WITHDRAWAL NOTICE

Date of Withdrawal: _____

Parent's Name and Date: _____