

FAMILY VACATION NOTIFICATION

Child's Name		Date			
Days of Regular Attendance (circle)	Monday	Tuesday	Wednesday	Thursday	Friday
First Day of Absence://	Last Day o	of Absence: _		/ # of Days:	
Requesting Vacation Credit No	□ Yes	If yes, $\ \square$	1 week credit	☐ 2 weeks cr	redit
Vacation Credit Policy:					
ScuttleBugs CDC offers families a two we 3 months. A credit of 50% off the regula discounted rate we require 14 days writt weekly increments (2 x 1 week periods of the contract of the contra	ar tuition for the	two weeks the two was the two weeks the two	will be issued. To	be eligible to	receive this
Accounts are not eligible for vacation consubmits a withdrawal notice after a vaca	_				ere a family
Parent/Guardian Name			Date		
Parent/Guardian Signature					