

# CEC Vacation Request Form

In order for our bookkeeper to be able to keep your account accurate and to bill you correctly, please fill out this sheet with the name of your child/ren and the date/s two weeks prior to the time you will be taking your vacation. Vacation days only apply to those children that are enrolled year round in the full day (7am-6pm) program 5 days a week.

Thank you!

Child's/ren's name: \_\_\_\_\_

Date/s of Vacation: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

