



JCC EARLY CHILDHOOD CARE & EDUCATION

VACATION DATES

Child's Name *(please print)* _____

We will be on vacation from *(list dates)* _____ to _____

12-month Extended Care Contract: This vacation is week #1 week #2

Preschool Family and 10-month Extended Care Contract: Please provide this information so we are aware that your child(ren) will not be in school. There will be no fee adjustment.

Parent's Signature _____ Date _____

PLEASE RETURN THIS FORM TO THE PRESCHOOL OFFICE. THANK YOU!

OFFICE USE ONLY:

Sent to billing on: ____/____/____ initials: _____