



TIME OFF REQUEST

Today's Date _____

Child's Name _____
(print child's name)

Classroom _____

Time Off Requested _____ to _____
(mm/dd/yyyy) (mm/dd/yyyy)

X

Signature of Parent/Guardian

Vacation credit per the term of the Jack & Jill Childhood Learning Family Handbook must be submitted **30 days prior to the dates requested** to receive eligible credit. Vacation credits will be reflected in the billing cycle following your request.



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