



Lisbon Early Childhood Vacation Week Request Form

This request must be submitted to the Lisbon Early Childhood Center two (2) weeks in advance of the requested *50% off* vacation week.

Please tear out and submit this form by mail, email, or in person to the front desk.

Today's Date: _____

Child(ren) Name: _____

Parent/ Guardian Name _____

Vacation Start Date: _____ Vacation End Date _____

One Form per week of vacation (Monday-Friday)

Once this form is submitted, your acknowledgment will be processed and added to your child's file for future reference. This form must be completed and submitted prior to your child's 50% off vacation week. Your child cannot attend the program during the time of the vacation week. If your child attends any day during this week, you will be charged the full week's tuition rate.

Parents Name: _____

Signature: _____ Today's Date: _____

Office Use Only

Date Received by LECC: _____ Amount Credited to account: _____

Approved by: _____ Vacation Weeks Remaining: _____