

Child's Name: _____

Classroom: _____

Child's Name: _____

Classroom: _____



Elbow Lane School

828 Elbow Lane, Warrington, PA 18976
School: 215-343-2124 Fax: 215-933-1469
Director: Lisa Puchalski mrsp@elbowlane.com
Asst. Director: Jenn Kunigus jennk@elbowlane.com

2018-2019

Child Care Vacation/Schedule Change Request Form

This form must be submitted to the director two weeks prior to request needs

Please check the appropriate box, we **DO NOT** credit for added days, past days, or sick days.

Option 1 Request for Vacation

I wish to use _____ of my allotted vacation days and receive credit for the following dates:
(vacation days may be used if child care is closed for a holiday).

DATES: _____

**Approved based upon contracted vacation days available.

Option 2 Notice of Child's Absence

My child will be absent on the following date(s), **OR** I do not wish to use my vacation days at this time.

DATES: _____

Option 3 Request for Change to Normal Schedule (switching days for holidays is not permitted)

I request the following change, (i.e. drop-off and pick-up times) to my child's normal schedule:

Kindergarten Only: I am requesting full day child care on the following dates due to no AM kindergarten in the Central Bucks School (additional \$18.00 per day). DATES:

After School Only: I request full day child care on the following dates due to Central Bucks School closing (additional \$20.00 per day). DATES:

I request a half-day of child care on the following dates due to early dismissal (additional \$15.00 per day).

DATES: _____

Parent Name: _____

Date: _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____