



# Vacation Request Form

To receive a refund, this form must be received 5 business days **BEFORE** the requested day!

**Summer Vacation:** Consistent Care - 4-5 days of vacation days dependent upon schedule, Pick Your Days - 3 vacation days

**Child's Name(s):** \_\_\_\_\_

**Requested Vacation Date(s):** \_\_\_\_\_  
\_\_\_\_\_

**I would like to receive my refund in the following way:**

- ☐ Stay on my account to use at a later date
- ☐ Please take off my monthly bill
- ☐ Refund my credit card on file

**Additional Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**For Office Use Only:**

**Date Received:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Approved:** Yes / No

**Credit Amt:** \_\_\_\_\_

☐ Refunded in Eleyo

☐ Added to Calendar

☐ Emailed P/G