

DIAMOND STREET EARLY CHILDHOOD CENTER
Request for "FREE DAY" credit

Child's Name _____

I request credit for the following dates: _____

Parent/Guardian Signature: _____

Date: _____

*Requests for vacation and holiday credit must be received by the office at least two weeks in advance

**Requests for sick and bereavement credit must be received by the office with seven days after the child's absence.

Parent's Name: _____

Your payment for the week _____

will be credited in the amount of \$ _____.

Account will be marked "credit for _____."

"Free days" remaining: _____

Office Signature: _____

Date: _____