

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: \_\_\_\_\_