



700 Elmwood Avenue; Providence, RI 02907

Child Absent /Vacation Request Form

***Please submit this completed form to the main office at least two weeks prior to the date of request. Keep in mind, all weeks requested must be Monday through Friday per the weekly billing cycles. You will receive a signed copy upon approval. Please contact Lori Ferreira at 401-785-8440 or Khadija Lewis Khan at 401-785-8485 ext. 2 with any questions. Thank you in advance.

Date: _____

Parent/Guardian Name: _____

Address: _____

Phone: _____ Email: _____

I, _____, Parent/Guardian of _____

in _____, is requesting that he/she will be absent from childcare

_____ until _____.

Parent/Guardian

Office Manager Signature

Date

Date

Office use only:

Request Cycle - Annually per Enrollment Date: _____

Week 1: Billing Week: _____ Billing Amount: _____

Week 2: Billing Week: _____ Billing Amount: _____