

GRACE DAY REQUEST FORM

PLEASE RETURN THIS FORM TO THE PARENT COMMUNICATION BOX IN THE DIRECTOR'S OFFICE

GRACE DAYS: PAYMENT IS TO BE RENDERED FOR CONTRACTED DAYS WHETHER YOUR CHILD IS PRESENT OR NOT. HOWEVER, EACH CHILD WILL RECEIVE A WEEKS' WORTH OF GRACE DAYS BASED ON THEIR ATTENDANCE. NO PAYMENT IS REQUIRED FOR GRACE DAYS AND THEY MAY BE USED WHENEVER YOU CHOOSE, AFTER THE THREE-WEEK PROVISIONAL TIME. A GRACE DAY IS EQUAL TO THE NORMAL AMOUNT THAT IS CONTRACTED FOR THE DAY THAT IT IS USED. GRACE DAYS WILL ONLY BE USED WHEN THE WRITTEN REQUEST TO THE BOOKKEEPER OR DIRECTOR SPECIFYING WHICH DAYS ARE TO BE COVERED BY THEM. A DELINQUENT ACCOUNT IN THE EXCESS OF TWO WEEKS FORFEITS ALL GRACE DAYS. GRACE DAYS WILL NOT ACCUMULATE. THEY EXPIRE AT YOUR ANNIVERSARY DAY AND THEY WILL RENEW UNLESS YOUR ACCOUNT IS DELINQUENT.

EXCERPT FROM SONSHINE CHILDREN'S CENTER PARENT HANDBOOK

CHILD[REN] NAME: _____

DATES REQUESTED: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN SIGNATURE: _____

TODAY'S DATE: _____

THIS FORM WILL BE COPIED AND ONE WILL BE RETURNED TO YOU AFTER
GRACE DAYS HAVE BEEN APPROVED AND APPLIED TO YOUR ACCOUNT.

FOR OFFICE USE ONLY:

GRACE DAYS APPROVED: YES / NO

DATE APPROVED: _____

GRACE DAYS REMAINING: _____

APPROVED BY: _____