## **Parent Request Form**



| Child's Name:   | A Ministry of <b>CROSS VIEW</b> Edina |
|---|---------------------------------------|
| We are requesting:  |                                       |
| Vacation Dates on vacation:   |                                       |
| Please indicate if you would like to use any avait<br>days off. Yes, we would like to use vacatio<br>No, we will pay regular tuition re | n credit:                             |
| Schedule Change (Full Time/Pa   | rt Time)                              |
| Explanation:  |                                       |
| Add-a-day   |                                       |
| We would like to add for this day:  |                                       |
| Final Notice (4 week notice)  |                                       |
| Last Day:   |                                       |
| Address or Telephone Change   |                                       |
| New information:  |                                       |
| Signed:   |                                       |

<sup>\*</sup>Return to Early Childhood Center office.