

## Otterbein Early Education Center – Vacation Week Request

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Dates of Vacation: \_\_\_\_\_

*I understand that I receive one tuition free week per school year (September to August) and that to be credited for the week, the above children cannot attend any part of the week.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please complete and return to the office at least one full week prior to vacation.)