## **Mary Linsmeier Schools**

## Days Off Credit Request

Child's Name (first & last):	Center:
Parent's Name (first & last):	Date:
DAYS OFF CREDIT (vacation, short term	•
There are two options available for credit for da	iys off:
Option one – Two enrollment weeks at f	full credit
From September 1 to December 31	One full enrollment week
From January 1 to August 31	One full enrollment week
Option two - Four enrollment weeks at	60% credit
From September 1 to November 30	One enrollment week at 60%
From December 1 to February 28/29	One enrollment week at 60%
From March 1 – May 31	One enrollment week at 60%
From June 1 – August 31	One enrollment week at 60%
credit is not used in that period, the unused cre exception is any unused credit as of August 31 r Request for credit must be submitted in writing Once the credit available is used, any further dasubmit the Days off Credit Request form well in fees charged. Please do not deduct the credit fryour billing statement.	may not be carried forward into September. within 30 days of the absence.  eys off will be charged to the account. Please advance, to avoid any confusion and/or late
First Day of Absence	Last Day of Absence
LONG TERM ILLNESS CREDIT:	
If your child is absent due to illness, you may us	e any credit available. If your child has a
continuous illness for more than one week, you Please notify us in writing within 30 days so that	_
First Day of Absence	Last Day of Absence
Signature of Parent/Guardian	

Return this form to the center. For questions please contact the billing office at: Children's Edu-Care /Mary Linsmeier Schools

Phone: 262-781-8081 or 1-800-467-8081 Email: billing@marylinsmeierschools.org