

Date form submitted: _____

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Metro Baptist Preschool/Summer Sensations
Vacation Request Form 2017-2018

Child's Name: _____ Teacher: _____

Parent's Name: _____

Parent's Contact Info (phone or email address): _____

Dates of Vacation: _____

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Vacation Request Form 2017-2018

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Parent's Contact Info (phone or email address): _____

Dates of Vacation: _____

OUR POLICY: Students are given "free" vacation days to use from August '17 – August '18. The child cannot be in attendance during these days. There will be no charges for vacation days as long as a vacation request form has been filled out in advance.

Full-time Students: (10) full days
3-day Students: (6) full days
1/2 day Students: (10)1/2 days

Please be advised that there is no reduction in fees for weeks with holidays or preschool closings.

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IMPORTANT:

Account will be credited two weeks following your vacation

CONTACT US:

Phone- 615.859.1184 x20 Email- metro@mca eagles.com

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Office Use Only:

FT: Rate \$ _____ 1 2 3 4 5 6 7 8 9 10 Credit: \$ _____
PT 3d: Rate \$ _____ 1 2 3 4 5 6 Credit: \$ _____
PT 1/2 d: Rate \$ _____ 1 2 3 4 5 6 7 8 9 10 Credit: \$ _____

Business Office: _____ Date: _____

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