

My child, \_\_\_\_\_, was out sick three consecutive days during the week of \_\_\_\_\_. I would like to utilize my annual Sick Credit. Attached please find a doctor's note stating the following:

1. The date my child was seen in the doctor's office
2. The date my child may return to a group setting
3. The nature of the illness

If my request is approved, I understand that my account will be credited ½ of a normal week's tuition. I understand that the Sick Credit policy applies only to children enrolled the Preschool program and may be used only once during the calendar year.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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\_\_\_\_\_ Approved  
\_\_\_\_\_ Rejected \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of General Manager