



VACATION CREDIT VOUCHER

**August 1, 2006 through July 31, 2007
Academic Year**

CORNERSTONE
Child Development Center
Building a Foundation of Faith & Learning

Parent Name _____ Date _____

Child _____ Class Room _____

Child _____ Class Room _____

This is to inform Cornerstone CDC we wish to apply our vacation week credit to the week of _____.

We understand the credit is available only to those families in good standing (no past dues) on tuition payments and have been enrolled for a continuous six months. We also understand we are allowed one credit, per child, per year term and we may not apply the credit as part of a two week termination notice. This form is due two weeks prior to the week to be given vacation credit for.

Signature _____ Date _____