

STEMsteps Vacation/Sick Leave Request

Date of Request: _____

Child(ren)'s Name(s): _____

Dates Child(ren) will be absent _____

Date Child(ren) will return to STEMsteps _____

Number of vacation days to be used for this absence: _____

Vacation Policy: All families will receive one* week of credit time. Please submit a written request via the vacation/illness request form located at the front desk if you would like to utilize sick or vacation day deductions. Your average daily rate will be deducted when utilizing vacation days. If you use vacation and then cancel your enrollment prior to fulfilling the 10-month program, you will be billed for any unearned days used. *based on enrollment status.

(Parent's Signature)