

LEAVE OF ABSENCE FORM

LEAVE OF ABSENCE STIPULATIONS:

- A leave of absence is 3 or more consecutive weeks, up to a maximum of 3 months (1 per calendar year), in which the child is not in attendance (for reasons such as maternity leave).
- A Leave of Absence Form must be completed with your anticipated date of return and submitted no less than **two weeks** prior to your planned leave time in order to qualify.
- Taking a leave of absence forfeits use of the FREE WEEK.
- Families receiving subsidized funding do not qualify for leave of absences without prior authorization from their caseworkers.

Child(ren)'s Name/s		
Last day in attendance	Date (MM/DD/YYYY)	
First day back in attendance	Date (MM/DD/YYYY)	
Reason for leave of absence		
Parent/Guardian Name		
Address Line 1		
Address Line 2		
City	State	Zip
Email		
Home Phone		Cell Phone
Work Phone		
Signature		Date (MM/DD/YYYY)



Riverview Christian Early Learning Center

Office Use Only

<input type="checkbox"/> Entered into Procare	on: ____/____/_____	by: _____
<input type="checkbox"/> Entered into Tadpoles	on: ____/____/_____	by: _____
<input type="checkbox"/> Information given to Classroom	on: ____/____/_____	by: _____