Tahoma School District Number 409
Maple Valley, Washington

Extended Day Program
Vacation/Illness/Withdrawal

- To receive ***VACATION*** credit this form must be submitted at least 1 week prior to the first day of *vacation*. **At a minimum one scheduled operating week must be missed.**
- To receive ***ILLNESS*** credit this form must be submitted no later than 1 week after the student's return to school. A minimum of one scheduled operating week must be missed.
- To ***WITHDRAW*** from the program this form must be submitted at least 2 weeks prior to the date of withdrawal***.*** Allow 30 days for processing a refund or credit.

| Child's Name | Parent's Name | Daycare Site |
|---|---|---|
| Child's Name | Parent's Name | Daycare Site |

_____ Will not attend the Extended Day Program from _____ through _____ due to vacation.
Date Date

_____ Request a refund for sessions not attended due to illness from_____to_____.
Date Date

_____ Will no longer be enrolled in the Extended Day Program as of _____.
Date

Reason for withdrawal _____

_____

_____ _____
Parent/Guardian Signature Today's Date

**Return completed form to:**
**Tahoma School District**
**Extended Enrichment Program**
**25720 Maple Valley-Black Diamond Rd SE**
**Maple Valley, WA 98038**

Office Use:
Date Received: _____
Received by: _____