



CHILDREN'S CENTERS
Infants, Preschool and School Age Programs

157 S. Malena Drive, Orange, Ca 92869 • Phone: 714.538.7800

1111 El Camino Real, Tustin, Ca 92780 • Phone: 714.730.5458

Web site address: AdventuresInLearning.com • E Mail: ailpreschool@yahoo.com

Leave of Absence Request

The purpose of a leave of absence is for long term non-attendance with the intent to return and must be for a period of no less than 30 days. A request for a leave of absence must be in writing on the request form provided by the center and submitted at least 30-days prior. Payment in full of all tuition fees owed and for the full term of the 30-day notice must be included with this form in order to consider your request and suspend your account. In order to approve this request we must take into consideration our current enrollment and our ability to accommodate your child's return. If approved, any deposit will be held during this period as well and may not be used at this time. Your child's tuition will begin accruing on the return date you have indicated regardless of attendance.

If your circumstances change and you choose not to resume attendance you must submit a withdraw notice on or after but no earlier than the specified return date. Notice to withdrawal must be in writing on the Withdrawal Notice form provided by the center and submitted at least 30-days prior to withdrawing your child(ren). ALL expects full payment of the 30-day period, regardless of termination date. Refunds will not be given for time not used and credits must be used in services. Your deposit will be applied to your child's final week of attendance upon receipt the Withdrawal Notice form. If you fail to give at least a 30-day notice in writing you will forfeit your deposit. In addition, if you stop bringing your child without contacting the office, fees will continue to accrue until we are able to verify your child's withdrawal from the program. Please call the office if you have any questions.

Parent or Guardian's Name

Child's Name

Best way to contact you with any questions or to confirm request. Phone# and/or Email

Leave of absence will begin on (MM/DD/YYYY)

My child will return on (MM/DD/YYYY)

Please state reason for leave of absence:

I hereby certify that I am requesting a leave of absence for my child's attendance at Adventures In Learning, LLC for the specified period of time written above. I also certify that I have read and understand the terms written above.

Parent/Guardian Signature

Date

FOR OFFICE USE

Received by

Date

Approved by

Date

Processed by

Date