



**ADVENTURES
IN LEARNING**
CHILDREN'S CENTERS

Infants, Preschool & 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: adventuresInLearning.com • email: ailpreschool@yahoo.com

Vacation Credit Request

(With pandemic precautions, disclosure & acknowledgement)

For every six months of continuous attendance, one week may be designated as a vacation week at a reduced rate of 50% provided your account is current and the vacation time off request has been submitted in writing a minimum of two weeks prior to the actual time off. The vacation time must be used in 5 consecutive business day intervals. If the 5 days occur over a 2-week period and the child attends part of each week, the regular tuition rate will be charged for one week and the second week will be designated as a vacation week. A vacation credit may not be used concurrently with any other credit, promotion or during your child's final 2 weeks of attendance.

To be eligible you must be able to answer yes to all of the following:

Is this request a minimum of two weeks prior to the actual time off? Yes No

Has your child been attending continuously for at least 6 months? Yes No

Has it been at least 6 months since you last used vacation credit? Yes No

Is your account paid in full and current? Yes No

Based on the widespread ongoing transmission of COVID-19; the CDC and CDPH recommends avoiding all non-essential travel. Help us keep our AIL community healthy!

Check the CDC website and review current travel considerations @

<https://www.cdc.gov/coronavirus/2019-ncov/travelers/travel-in-the-us.html>

Travel Plans:

Because travel increases your chances of getting infected and spreading COVID-19 and the increase in cases at this time; if you answer yes to any of the following questions your household will not be admitted back into the center until 14 days after your return date. No tuition credit will be issued during this exclusion period.

Will you travel out of state? Yes No

Will you travel by airplane, bus, train or cruise ship? Yes No

Will you travel/spend time with someone who is not a member of your household?

Yes No

Parent or Guardian's Name

Child's name

Start Date_____ Return Date_____

By my signature, I acknowledge that I have read, understand, and agree to the above policies.

Parent/Guardian Signature

Date