

Ascension Summer Camp

Vacation Credit Form

Parent Name _____ Date _____

Child _____ Age _____

Child _____ Age _____

Child _____ Age _____

This is to inform Ascension Summer Camp that we wish to apply our one week of
vacation credit to the week of _____.

Vacation credit of one week: Each family enrolled full time for the entire summer is allowed one credit, per child, per summer term. The credit may not be applied as part of a two week termination notice. The credit is only available to those families in good standing (no past dues) on tuition payments. This form is due two weeks prior to the week to be given vacation credit. The credit will be applied the last full week of summer camp.

Signature _____ Date _____

