Early Learning Coalition of
Indian River, Martin & Okeechobee Counties, Inc.
10 SE Central Parkway, Suite 400
Stuart, Florida 34994
Phone (772) 220-1220 Fax (772) 223-3865

PRE-APPROVED EXTENDED ABSENT REQUEST BEYOND 5 DAYS

(EXTRAORDINARY CIRCUMSTANCES)

This form is to request payment for an absence of more than 5 days per calendar month. (Beyond 3 excused absences and 2 absences with a doctor's note) Sections I and II must be completed. Submit completed form and appropriate documentation for **pre-approval** to the Early Learning Coalition.

Date:_____

I. Child's name:_____ Social Security #:_____
First Last

Parent Name:_____ Parent Phone #:_____
First Last

Child Care/School Location:_____

Contact Person:_____ Contact Phone #:_____

Dates Child Absent: _____

II. A child 's absence due to **extraordinary circumstances**, of up to 5 additional days per calendar month is excused if the child does not attend the program on an instructional day with the appropriate documentation due to any of the following:

Check all that apply

[ ] Hospitalization – medical documentation required

[ ] Chronic or Communicable illness - medical documentation required

[ ] Funeral service, memorial service, or bereavement upon the death of a child's family member (e.g. obituary, death certificate)

[ ] Other Reason:_____

NOTE: All supporting documentation and this form must be submitted each month in order to qualify for reimbursement approval. All pre-approved reimbursements based on fund availability.

Agency Use Only

Director of Finance Signature_____**Date**_____

Executive Director Signature_____**Date**_____

Approved ☐ **Denied** ☐