CORNERSTONE
AUTISM CENTER

Notice of Planned Absence

Regular attendance is essential for your child to receive the maximum benefit of therapy. It is the responsibility of the parent(s) to see that their child is in attendance, or to give proper notice of a planned absence. Please keep in mind that our staff has been hired, trained and scheduled to work with your child.

Child's Name _____

FULL-DAY ABSENCE—PLEASE GIVE US AT LEAST 1 WEEK NOTICE

Use this section for vacations or reasons that will result in your child being absent the entire day.

DATE(s)	REASON FOR ABSENCE
_____	_____
_____	_____

PARTIAL ABSENCE—PLEASE GIVE US AT LEAST 48 HOURS NOTICE

Use this section for doctor/dentist appointments, or other reasons that will result in your child arriving later than 8:30 am or needing to be picked up earlier than 3:30 pm.

DATE(s)	TIME ARRIVING	TIME DEPARTING	REASON
_____	_____	_____	_____
_____	_____	_____	_____

_____ _____
Parent Signature Date

_____ _____
Cornerstone Signature Date

Please return this form to a staff member. Thank you!