



Cari Marquez
President, Board of Directors

Melanie R. Santana
Executive Director

MISSION CHILD CARE CONSORTIUM, INC.
BEST INTEREST OF THE CHILD (BIC) REQUEST FORM

Child's Name: _____

Classroom: _____

Today's Date: _____

Requested BIC Days: From _____ to _____

Number of Days: _____

Parent's Name: _____ (Print) Relationship: _____

Parent's Signature: _____

I am requesting to take BIC Days for my child to be absent from school at Mission Child Care Consortium, Inc. at 4750 Mission Street, San Francisco, CA 94112.

OFFICE USE ONLY

Number of BIC Days Availability per Fiscal Year: _____

FY 2020 – 2021

Number of BIC Days Taken: _____

Number of BIC Days Left/Available to use: _____

Parent Agreement

I agree to take BIC Days from _____ to _____, 2020. I understand I will return on _____ and that I have _____ days left for BIC per Fiscal Year.

Parent's Signature

Patricia Hamilton
Site Manager

Date



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Romy Soriano Lau
Administrative Eligibility Manager

Date