

Provider Flex Day/ Unpaid Closure Request

Kids Unlimited | 35 Trolley Crossing Road, Charlton, MA 01507 | 508-248-6772 | fax
508-248-1893 | kidsus.com



Request Type

I am requesting apaid flex day I am requesting an unpaid closure

Date(s) Requested:

1. _____
2. _____
3. _____
4. _____
5. _____

Were children in your care placed in substitute care? Yes No

If yes, please complete this section. If no, please print, sign and date the bottom of this page.

Date(s) RequestedSubstitute Care

Child Name	Sub Provider	Date(s)

Provider Information

Provider Name (Printed): _____

Provider Signature: _____ Date: _____

Important Information

Submit this form within 7 days of your flex day/unpaid closure to avoid losing the flex day and having to take the day unpaid. If you're unsure whether subcare was used, please ask the parent/guardian.

You can request future dates up to one year in advance!

Refer to the Flex Day policies for questions about when and how to use your Flex Days.

Key Policies

- Only 10 Flex days per fiscal year (July–June)
- Carry over up to 3 days into the next fiscal year
- New Providers: Flex Days will be available 90 days after the first day that you bill