



Unpaid Sick Day(s) Form

\_\_\_\_\_  
Child(ren)'s Name

\_\_\_\_\_  
Date(s) of Absence

According to our contract, the client does not have to pay for up to # days per calendar year when their child cannot come to care because of illness (unpaid sick days). Unpaid sick days apply to each child separately. Please refer to contract for #.

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider's Signature

\_\_\_\_\_  
Date



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