



Vacation Day(s) Request Form

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

\_\_\_\_\_  
Date(s) of Vacation

According to our contract, the client may take up to # vacation days from the program free of charge. The client's vacation days must be taken in increments of one full day. All vacation day request forms must be completed and approved at least two weeks in advance. The provider reserves the right not to approve the use of vacation days if adequate notice is not given. Please refer to the contract for the # of days.

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

\_\_\_\_\_  
Date

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

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