



CHILDREN'S VACATION CREDIT REQUEST FORM

CHILD'S NAME(S) _____ DATE _____

My child will not be at the center the following day/days:

_____.

I would like to use vacation credits for this/these days off. YES or NO

I understand there is **a requirement of a 1 month notice** per policy and signed Parent Agreement. If these dates should change I will give appropriate notice to the Director.

Signature _____

Director's Approval _____

Gina Rivera

Date