



Vacation Notice

Your Name: _____

Child(ren)'s Name: _____

Vacation Start Date: _____

Return Date: _____

I, _____, parent/guardian of _____,

understand that I am allotted 1 free week of vacation a year and that I must submit this form to Little Dreamers Admin staff at least 2 weeks in advance in order to be approved.

Signature _____ Date _____