



DREAMLAND CHILD CARE CENTERS
Parent Vacation Request Form

Today's Date: _____

_____ are requesting vacation time for our
(Parent's Name)
child(ren) _____.
(Child(ren)'s name)

Dates Child(ren) will be absent _____.

Date Child(ren) will return to Dreamland _____.

Number of vacation days to be used for this absence: _____.

Vacation Policy: Vacation is available after 6 months of continuous enrollment. Vacation is based on the number of days a child regularly attends each week. For example: A Full Time, 5 day a week client receives 5 vacation days per year, a 4 day a week client receives 4 vacation days per year and so on.

Parent's Signature

Date

For Office Use Only

Did parent receive Vacation Credit? _____ Yes _____ No

Time used: _____ Time Available: _____

If not, why? _____

Date vacation credit given: _____

Vacation dates entered in Ezcare child tab (Initial): _____

Amount of vacation credit given: \$ _____

Accounting Approval: _____ Date: _____