



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: One week of vacation is available per calendar year after 6 months of continuous enrollment for **FULL TIME FAMILIES ONLY**.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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For Office Use Only

Did parent receive Vacation Credit? \_\_\_\_\_ Yes \_\_\_\_\_ No

Time used: \_\_\_\_\_ Time Available: \_\_\_\_\_

If not, why? \_\_\_\_\_

Date vacation credit given: \_\_\_\_\_

Amount of vacation credit given: \$ \_\_\_\_\_

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Accounting Approval: \_\_\_\_\_ Date: \_\_\_\_\_