

Parent Vacation Form

Child(ren)'s Name(s): _____

Vacation Date(s): _____

Do you want to use unpaid vacation day(s)? _____
(5 days/year for Part-Time or 10 days/year for Full Time. These days are available after 3 months attending AACDC. The days are pro-rated for remaining months in each calendar year if attendance started after January 1st)

Other Notes: _____

Parent Signature: _____ Date: _____
(Please put in drop box on front counter or in Directors' office)

* <u>OFFICE USE ONLY</u>	
Confirmed:	_____
Calendar:	_____
Tracking:	_____
Billing:	_____
Date:	_____

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