

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)

*** OFFICE USE ONLY**

Confirmed: _____

Calendar: _____

Tracking: _____

Billing: _____

Date: _____

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