



## VACATION REQUEST FORM

1. This request must be submitted to JOLLY TODDLERS two (2) weeks in advance of the requested vacation week.
2. Vacation week: Maximum five (5) days. Must be consecutive. Only during summer months (June July August).

Please submit this request by hand to Janine, through Lillio, or by email to:

[kidslovejollytoddlers@gmail.com](mailto:kidslovejollytoddlers@gmail.com).

Today's Date: \_\_\_\_\_

Child Care Type: ☐ 12 Month

Please specify ☐ 9 Month

☐ CCIS

Child(ren) Name(s): \_\_\_\_\_

Parent's/Guardian Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Vacation Start Date: \_\_\_\_\_ Vacation End Date: \_\_\_\_\_

This is a verification form to ensure your satisfaction. **This form is not valid without an administrative signature and a parent signature.** Once submitted, this acknowledgment will be processed and added to your child's file for future reference, if needed. This must be completed prior to your child's vacation, and your child cannot attend program during time of vacation.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Use Only

Date received by Business Dept: \_\_\_\_\_ Amount credited to account: \$ \_\_\_\_\_

Approved by: \_\_\_\_\_ Vacation days remaining: \_\_\_\_\_