



Learning Edge Childcare & Preschool VACATION REQUEST

Revised December 2015

LOCATION	
<input type="checkbox"/>	New Berlin
<input type="checkbox"/>	Oak Creek

Child's Name: _____

Room:

Infant	Crawler	Toddler	Two A	Two B	Preschool A	Preschool B	4 K	School Age
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Dates of Vacations: _____ Number of Days: _____

Parent/Guardian Signature: _____ Date of Request: _____

For Office Use Only:			
Date Received/Processed by Office:	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Vacation Renewal Date:	_____ / _____ / _____	_____ / _____ / _____	_____ / _____ / _____
Annual Number of Vacation Days:	5 / 10 / _____	5 / 10 / _____	5 / 10 / _____
Number of Vacation Days Used Prior to this Request:	_____	_____	_____
Number of Vacation Days Available before this Request:	_____	_____	_____
Number of Vacation Days Used for this Request:	_____	_____	_____
Number Vac Days Remaining after this Request:	_____	_____	_____
Number Vac Days Denied/Unavailable for this Request:	_____	_____	_____



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