## Olive Branch Day Care

Family Vacation Day Request Form	
CHILD NAME(S):	DATE:
I hereby request approval for the following vacation day credit(s):	
*Dates must be requested two weeks or more	e in advance to be approved. Imber of days that your child is enrolled each week and renew each Sept. 1.
PARENT NAME:	PARENT SIGNATURE:
Official use only: APPROVED BY:	DATE:
Family \	Olive Branch Day Care Vacation Day Request Form
CHILD NAME(S):	DATE:
I hereby request approval for the f	following vacation day credit(s):
Date(s) requesting:  *Dates must be requested two weeks or more **Credits will be approved up to twice the nur	e in advance to be approved. mber of days that your child is enrolled each week and renew each Sept. 1.
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