

Olive Branch Day Care
Family Vacation Day Request Form

CHILD NAME(S): _____

DATE: _____

I hereby request approval for the following vacation day credit(s):

Date(s) requesting: _____

**Dates must be requested two weeks or more in advance to be approved.*

***Credits will be approved up to twice the number of days that your child is enrolled each week and renew each Sept. 1.*

PARENT NAME: _____ PARENT SIGNATURE: _____

Official use only: APPROVED BY: _____ DATE: _____

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