



Little Treasures

Early Childhood Center

3525 Elizabeth Lake Road, Suite C
Waterford, MI 48328

Little Treasures Parent Vacation Request Form

Today's Date: _____

_____ are requesting vacation time for our

(Parent's Name)

child(ren) _____.

(Child(ren)'s name)

Dates Child(ren) will be absent _____.

Date Child(ren) will return to Little Treasures _____.

Number of vacation days to be used for this absence: _____.

Vacation Policy: 13 Days of vacation is available per school year (September-August). If attending part time vacation may only be used during Christmas and holiday breaks. 5 days of vacation if attending summer only.

Parent's Signature _____ Date _____

For Office Use Only

Did parent receive Vacation time? _____ Yes _____ No

Time used: _____ Time Available: _____

If not, why?