DAVID DOUGLAS DAY CARE, INC.

1610 S.E. 130TH AVE.

PORTLAND, OR 97233

**VACATION FORM**

Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child will be on vacation\* these days:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Date received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Director’s Initials:\_\_\_\_\_\_\_\_\_\_

\* Our policy of 2 weeks vacation credit per year begins September first and ends August 31st each year.

\* We must receive written notice 2 weeks in advance of all vacation days.