



491 Saratoga Road Scotia, NY 12302  
518 399-5850  
toshdaycare@gmail.com

## VACATION REQUEST FORM

Child's Name \_\_\_\_\_

Dates of vacation week \_\_\_\_\_

Parent's Signature \_\_\_\_\_

\*\*Vacation week policy: Each child is given 1 vacation week a year. The child does not attend school for their scheduled week and tuition is not owed for that week.

---

### **OFFICE USE**

\_\_\_\_\_ APPROVED

\_\_\_\_\_ NOT APPROVED

REASON NOT APPROVED \_\_\_\_\_

DIRECTOR'S SIGNATURE \_\_\_\_\_