



Little Stars
CHILDCARE

**Early Learning and Care
Vacation Request**

Child's Name: _____

Parent's Name: _____ Home Phone # _____

All vacation requests must be submitted a minimum of 2 weeks prior to vacation.

My child will not be attending the ELC program during the week of:
____ / ____ / ____ through ____ / ____ / ____ .

My child will be returning to the ELC program on: _____

Parent Signature _____ Date _____

Staff & Registrar Signature _____