



# Parent Time Off/Vacation Form

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E-MAIL: [LCLC.Delavan@gmail.com](mailto:LCLC.Delavan@gmail.com)

Fill out this form if you would like to use your vacation and/or sick days.

Vacation days are to be used for a planned day off with at least two weeks' notice and can be used after a 90-day probation period. Every child attending our center has 3 sick days to use between September 1<sup>st</sup> and August 31<sup>st</sup> and after the 90-day probation.

- Children attending 3 full days (more than 5 hours a day) a week will receive 3 vacation days per year.
- Children attending 4 full days (more than 5 hours a day) a week will receive 4 vacation days per year.
- Children attending 5 full days (more than 5 hours a day) a week will receive 5 vacation days per year.

School age program children will not receive any vacation days. School age children will not be charged for no school days. If your child is attending the "no school" day camp, you will be required to pay the full day rate for that day.

Child/ren Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Date/s Requesting Off \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Do you want to use vacation time? (if applicable) Yes No  
(If requesting vacation please initial on the lines below)

\_\_\_\_ I understand that if I do not put my request in 2 weeks in advance, I may not be able to use vacation time.

\_\_\_\_ I understand if I have an outstanding balance, I will not be allowed to use vacation/sick days.

Do you want to use sick days? Yes No

Parent Signature: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vacation time goes from September 1st to August 31<sup>st</sup>. Days not used will be lost.

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**Office Use only**

Vacation days used \_\_\_\_\_

Vacation days available \_\_\_\_\_

Sick days used \_\_\_\_\_

Sick days available \_\_\_\_\_

Notes \_\_\_\_\_  
\_\_\_\_\_