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ywca

CHILD CARE VACATION REQUEST FORM

This request must be submitted to the Dubuque Community YMCA/YWCA two (2) weeks in advance of the requested vacation week.

Please submit the request directly via fax, mail, email jkeck@dubuquey.org or in person to Jill Keck in the Finance Dept.

Today's Date: _____

Child Care Site: Preschool/Early Childcare: _____

Please specify SACC: _____

Cool School

Child(ren) Name: _____

Parent's/Guardian Name: _____

Phone Number: _____

Email: _____

Vacation Start Date: _____ **Vacation End Date:** _____

(One form per week of vacation)

- SACC Vacation – Maximum one (1) week. Must be consecutive.
- Preschool/Early Childcare Vacation – Maximum two (2) week. One (1) week at a time.
- Cool School – Maximum one (1) week. Must be consecutive.

This is a verification form to ensure your satisfaction. **This form is not valid without a staff signature or parent signature.** Once submitted, this acknowledgment will be processed and added to your child's file for future reference, if needed. This must be completed prior to your child's vacation, and your child cannot attend program during time of vacation.

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only

Date received by Finance Dept: _____ Amount credited to account: \$ _____

Approved by: _____ Vacation days remaining: _____