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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 [sacc@dubuquey.org](mailto:sacc@dubuquey.org) or in person to the Finance Department. Fax # 563.556.2728**

**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: \_\_\_\_\_