

Oswego Christian Foundation
Prairie Pals Christian Preschool & Childcare

Childcare Vacation Request Form

Child(rens) Name(s): _____

Date(s) that you would like to apply vacation time to (*if eligible*): _____

Parent Signature

Date

For Office Use Only

Approved: _____

Number of Days Approved: _____

Remainder of Vacation Days: _____

Must Use Vacation Days By: _____

Denied: _____ (see vacation policy)

Reason: _____

Director Signature

Date

Bookkeeper Signature

Date