



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Ann Arbor YMCA Child Care Vacation Request

ONE MONTH WRITTEN NOTICE REQUIRED

Today's Date: _____

Child's Name: _____

Class Room: _____

Dates of Vacation: *Last Day in Program _____

*First Day Back in Program _____

Parent/Guardian Signature _____

Staff Signature: _____

<p>Amount of Vacation Days Remaining _____</p> <p>Amount of Credit Received _____</p> <p style="text-align: center;">*Office Use Only*</p>
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Cut Here



Office Use Only

Child's Name: _____

Your request for your vacation credit has been received.

We will credit your account \$_____.

We will not be crediting your account at this time.

Vacation Days Remaining _____

Thank You,
YMCA Child Care Staff