

VACATION NOTICE

Child's Name: _____ Today's Date: _____

Last Day to Attend: _____ First Day to Return: _____

Do you wish to use your vacation credits if available? _____ If yes, how many? _____

The **vacation and sickness policy** is as follows:

You may take the equivalent of one week's vacation per year without payment. (Example if your schedule is three days per week your equivalent is three days per year). You are eligible for one week after your child(ren) have been enrolled at Little Doves for three months. This is a "use or lose" item that runs from Sept 1st to Aug. 31st. Little Doves must be notified at least two (2) weeks in advance for any vacations. Vacation time can be used for illness absences of 3 or more consecutive days, **not for individual days**.

PLEASE RETURN THIS FORM TO DIRECTOR OR PLACE IN TUITION BOX