



## CHILD VACATION FORM

Dear Families/ Providers:

Please complete this form if your child will be on vacation. Please be advised, we cannot guarantee enrollment for vacations longer than 2 weeks.

**Weekly Fees must be paid during vacations, there are no exceptions regarding weekly fees.** Thank you in advance for your cooperation and understanding.

I, \_\_\_\_\_, Parent/Caregiver of \_\_\_\_\_

Confirm that my child will be on vacation from: \_\_\_\_\_ to \_\_\_\_\_. My child will return to my Provider's Home on \_\_\_\_\_. In the event that my child does not return or is unable to return on the date listed above, I will notify my Provider and Program Support FCCN.

### PARENT/CAREGIVER INFORMATION

\_\_\_\_\_  
**PRINT:** Parent/Caregiver's Name

\_\_\_\_\_  
**SIGNATURE:** Parent/Caregiver's Name

\_\_\_\_\_  
**DATE**

### PROVIDER INFORMATION

\_\_\_\_\_  
**PRINT:** Provider's Name

\_\_\_\_\_  
**SIGNATURE:** Provider's Name

\_\_\_\_\_  
**DATE**

**Special Note to Providers:** This form must be signed by both the parent and provider. This form must be submitted to the Network.