



**CHILDREN'S
VACATION/SICK DAYS REQUEST FORM**
Red Balloon Early Learning Centers, Inc.

Child's Name _____

Today's Date _____

Office Use Only

Date Received: _____

Credit Given: _____

Vacation/Sick Day:

Was used on _____

Will be used on _____

Parent/Guardian Signature _____

Please note the day(s) used will be discounted 25% of the daily tuition. The credited days are limited to contractual terms.



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