

**Sunbeam Station Child Care Inc.**

**Vacation Week Notification**

*Please complete and return to the office no later than 2 weeks prior to your vacation*

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Class: \_\_\_\_\_

Dates of vacation: \_\_\_\_\_

Signature: \_\_\_\_\_