**Holiday Form**



|  |  |
| --- | --- |
| Child’s name: |  |
|  |
| My child will be away for the following dates: |  |
|  |
| First day of holiday: |  |
|  |
| Last day of holiday: |  |
|  |
| Date of return to preschool: |  |
|  |
| Parent signature: |  | Date: |  |

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