



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

VACATION REQUEST FORM YMCA CHILDREN'S ACADEMY

Child's Name _____ Today's Date ____/____/____

Parent's Name _____ Phone Number _____

Number of vacation days available _____

Number of vacation days I am requesting _____

Vacation Dates* _____

*Please list all vacation dates individually. Please remember: this form must be turned in to the Y Academy Director at least two weeks before the first vacation date requested.

Signature of Parent/Guardian

Date

Director's Approval _____

Verified number of Vacation Days Remaining _____