



KIDDO'S ACADEMY

Our business is all about your child

VACATION NOTIFICATION FORM

Date: _____

Please fill out this form and return to our office at least two weeks prior to your scheduled vacation dates in order to qualify for reduced rates of \$20.00 per week.

Child's Name: _____

Vacation start date: _____

Vacation end date: _____

Parent name: _____

Parent Signature: _____