



**Orange County  
School Age Child Care Programs**

146 Madison Road, Suite 205  
Orange, VA 22960  
(540) 672-5484  
Fax: (540) 672-2311

**Student Vacation Form**

Child's Name \_\_\_\_\_ Site: ( )GBES ( )OES ( )LES ( )LGPS

I am requesting vacation on the following dates: \_\_\_\_\_

I am not borrowing days.

I am borrowing\* # \_\_\_\_\_ days from:

- (List months/year) \_\_\_\_\_

\*I understand that if I borrow days I have not earned and leave childcare before earning the days taken, I will be responsible for the fees that would have normally accrued on the borrowed days.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\*\*\*

**Staff Use Only:**

Date Submitted to Site Manager: \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_

Approved:

Starting # of Days \_\_\_\_ / Borrowed Days \_\_\_\_ / Total Days Used \_\_\_\_ / Remaining Days \_\_\_\_

Denied – Reason \_\_\_\_\_

Site Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

**Office Use Only:**

Entered into accounting system: \_\_\_\_\_

Administrative Assistant Signature: \_\_\_\_\_