



**Kaweah Delta
Health Care District**

Where technology and compassion come together.

Kaweah Kids Center VACATION NOTICE

PLEASE COMPLETE AND RETURN TO THE CENTER : FAX : 559-635-6234

Effective _____, through _____
(Date) (Date)

_____, will be absent from school for the following reason:
(Child's name)

Vacation _____ FMLA _____ Personal Reasons _____

IMPORTANT: All families are entitled to 10 vacation days per calendar year. Families may choose to take vacation but not receive credit. FMLA requires a holding fee of $\frac{1}{2}$ the tuition to hold your child's space.

(Parent Signature)

(Date signed)

(Director/Assistant Director Signature)

(Date signed)