Holiday/Absence Slip		
Date:	Time:	
Name of Child:	Room:	
First Date of Absence:	Reason:	
Date Returning/ed to Nursery:	Number of Days Absent:	
Name:	Sign:	
C	office Use Only	
Name of Parent who Contacted Nursery:	Relationship to Child:	
Room Notified: Yes/No		
Comments:		
Follow up:		
Holid	ay/Absence Slip	
110110	ag// toserice sup	
Date:	Time:	
	Time: Room:	
Name of Child:		
Name of Child: First Date of Absence:	Room:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery:	Room: Reason:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name:	Room: Reason: Number of Days Absent:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name:	Room: Reason: Number of Days Absent: Sign:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name: O Name of Parent who Contacted Nursery:	Room: Reason: Number of Days Absent: Sign:	
Date: Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name: Contacted Nursery: Room Notified: Yes/No Comments:	Room: Reason: Number of Days Absent: Sign:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name: O Name of Parent who Contacted Nursery: Room Notified: Yes/No	Room: Reason: Number of Days Absent: Sign:	
Name of Child: First Date of Absence: Date Returning/ed to Nursery: Name: O Name of Parent who Contacted Nursery: Room Notified: Yes/No	Room: Reason: Number of Days Absent: Sign:	