

| 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: |
| Office Use Only | |
| Name of Parent who Contacted Nursery: | Relationship to Child: |
| Room Notified: Yes/No | |
| Comments: | |
| Follow up: | |

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