



CHILDREN'S CONTINUOUS CARE INC.
"Your child's home away from home"

369 Mildahn; Macedon, NY 14502

Phone: 585.377.9630 Fax: 585.377.2816

ABSENTEE FORM

Child's Name _____ Room Name _____

My child will not be attending CCC from _____ to _____ due to:

Doctor's Appointment Vacation Week Other _____

Caregiver Name _____ Date: _____



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