

Family Holiday Application Form

Centre Name: _____

Date of Notification: __/__/__

Child's last name: _____ Child's first name: _____

Please be advised that my child will be absent from care for the following time period:

Absent from date	Absent to date	Return to care date	Total days

Parent's name: _____ Parent's signature: _____

Your child is eligible for a maximum of four weeks at reduced fees for holidays per calendar year.

The discount will be applied to your account in the week the holidays are taken. Fees must be up to date before you go on holidays to receive the discount. Please note one week is considered to be the number of days your child is booked in for, ie. If your child attends three days this is considered to be one week of your holidays .Please notify the Centre Director immediately of any changes to the above dates to ensure correct staff/child ratios are being rostered for.

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