

HOLIDAY AND CANCELLATION FORM



The information provided below will be used to process your request.

Please return completed form to:

Nazareth Early Childhood Centre
2 Almond Avenue,
FINDON SA 5023

Phone (08) 8406 5080
Email ecc@nazareth.org.au

Child's Details	
Family Name	Given name(s)
Room (please tick) <input type="checkbox"/> MacKillop <input type="checkbox"/> McAuley / Catherine <input type="checkbox"/> Dominic <input type="checkbox"/> Romero	

ABSENCE / HOLIDAY

My child will be absent on the following date(s) (please list individual dates)
Being a total of _____ days absent, and returning on (please state date returning) _____ / _____ / _____
A fee reduction may be given if 14 days' notice is provided for a maximum of 10 days. Please discuss this with our Reception staff if you have any questions.

CANCELLATION

At least 28 days' notice must be provided if you are cancelling your child's booking.
Current Days Attending (please tick) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
Days Cancelling (please tick) <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday
The last day of attendance will be _____ / _____ / _____
<input type="checkbox"/> I authorise my Ezidebit/direct debit to be cancelled immediately or when my account is paid in full (please tick if applicable)

Signature	
Name of Enrolling Parent/Guardian	Contact Number
Signature	Date _____ / _____ / _____

OFFICE USE ONLY

<input type="checkbox"/> Changed on Qikkids	<input type="checkbox"/> Room emailed	<input type="checkbox"/> Entered in Excel
Total number of holidays used so far:		