

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	<input type="checkbox"/> 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) ____ / ____ / ____
<i>A fee reduction may be given if 14 days' notice is provided for a maximum of 10 days per calendar year.</i>
<i>I understand that if I need to reverse my holiday booking due to a change of circumstances, the ECC cannot guarantee a place on any given day. Please email and speak with Admin staff to check if a place is available.</i>

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 Debitsuccess 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 Xplor	<input type="checkbox"/> Room & kitchen emailed	<input type="checkbox"/> Entered in Excel
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