

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)

☐ MacKillop

☐ McAuley

☐ Catherine

☐ Dominic

☐ 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 per calendar year**.

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.

CANCELLATION

Families are required to provide **at least 28 days' notice** when cancelling their child's enrolment.

Where a child is leaving to attend another service in **January or February of the following year**, the enrolment will cease at the end of the centre's operational year, with the child's last day being in the **final week of operation in December**.

Current Days Attending (please tick) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Days Cancelling (please tick) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

The last day of attendance will be _____ / _____ / _____

☐ 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

☐ Changed on Xplor

☐ Room & kitchen emailed

☐ Entered in Excel