

HOLIDAY AND CANCELLATION FORM



Nazareth
EARLY CHILDHOOD CENTRE

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. Please discuss this with our Reception staff if you have any questions.</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 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 Xplor	<input type="checkbox"/> Room emailed	<input type="checkbox"/> Entered in Excel
Total number of holidays used so far:		