

Holiday Booking Form

Name of Parent: _____

Name of Child/ren 1) _____

2) _____

3) _____

4) _____

First day of Holidays _____ the ___ / ___ / ___

Last day of Holidays _____ the ___ / ___ / ___

I confirm that my child/ren will be absent from the centre on the above dates, returning on the first centre working day after the last day of holidays.

I accept that I will be charged up to and including these dates and that Holiday Discounts are applicable for the entitled number of weeks holidays per financial year (The entitled number of discounted holiday weeks to is set out in the fee schedule. This is based on permanent days booked per week), providing my account is up to date.

I hereby give 2 (two) weeks notice that I wish to apply for a Holiday Discount (30% of Fee).

I understand that absences taken for holidays will count towards my child's 42 allowable absences per financial year for Child Care Subsidy (CCS) and that I will not be eligible to receive CCS for absences in excess of 42 allowable absences per financial year.

I am aware that this document may be used for the purpose of calculating Child Care Subsidy.

Parent Signature: _____ Date: _____

Relationship to child: _____

OFFICE USE ONLY

Holiday Roll Code Date Entered ___ / ___ / ___

Holidays Recorded in Holidays Tab in QK Admin: Yes / No

Centre Director Signature: _____