# **Holiday Request Form**

Child’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Date Of Birth\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_



Apple Room Nursery Comper Wraparound Care

**Attendance:** In line with your contract for Child Care, if your child attends Year Round Childcare you may take a maximum of 20 days planned absence pro-rata\*, per academic year (1st Sept to 31st Aug), without charge.

If your child attends in Term Time Only you may take up to 10 days planned absence pro-rata\* per academic year (1st Sept to 31st Aug)

**\*pro-rata – your entitlement is based on the amount of days your child attends the Child Care.**

**4 weeks’ written notice** must be given informing us of absence. Failure to provide written notice will result in the full charge being made.

Please complete this form and pass to the Child Care Manager or to the School Office.

Absence Date from ………………………………………………………………

Absence Date to ……………………………………………………………….

Total number of days requested ………………………………………………………

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*When completed, please pass this form to the Child Care Manager or Basia for approval*

*Child Care Manager*

I confirm the above leave request has been:



 Accepted



 Declined Reason: ……………………………………..

Signed………………………………….. Dated………………………………………… 