

CHILDRENS HOLIDAY REQUEST FORM

NAME OF CHILD:

DATE:

ROOM:

HOLIDAY DATES REQUESTED

FROM:

TO:

NUMBER OF DAYS REQUESTED:

SIGNATURE:

PLEASE GIVE MANAGEMENT 4 WEEKS NOTICE FOR HALF FEES, IF HOLIDAY FORM IS NOT COMPLETED THE HALF FEES WILL NOT BE GRANTED.

OFFICE USE ONLY

HALF FEES RECORDED

DATE:

MANAGERS SIGNATURE

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