



KAL Child Care Management

Reduced Holiday Rate Application Form

Account Name		Child Name/s	
Holiday Start Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	Holiday End Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>

If you would like to apply for holiday rates, read and sign the Terms & Conditions. Please note that you need to meet all requirements detailed below, as per your Enrolment Agreement, and Parent Handbook to be eligible for this reduced rate.

Terms & Conditions

2 weeks' notice prior to my Holiday start date has been given	
My period of leave is at least 1 week of consecutive bookings	
I acknowledge that I am entitled to 2 weeks per calendar year of reduced rates	
I confirm that my account is up to date (no fees owing)	

Parent/Guardian Acknowledgment

Parent/Guardian Signature		Date	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
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Office Use Only

Reduced Rates accepted	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Office Use completed by?	
Reduced Holiday Rate Application form uploaded to SB - Ticket ID	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		