



Educator Holiday Form

Notification of Leave

Educator's Name: _____

Last day of work: ____/____/____

Date returning to work: ____/____/____

Are you leaving the Country?

Yes/No (Please Circle)

If yes:

What date are you flying out of Australia: ____/____/____

What time are you flying out of Australia: _____

What date do you arrive back in Australia: ____/____/____

What time are you arriving back in Australia: _____

If yes, you **MUST** attach a record of your flight details.

Children who will require alternative care:

Name: _____ Days required: Mon, Tue, Weds, Thurs, Fri, Sat, Sun

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Name: _____ Days required: Mon, Tue, Weds, Thurs, Fri, Sat, Sun

Please Note: Parents must contact the office to confirm day's relief care is required.

WE BELONG FAMILY DAY CARE SERVICE

KBCC PTY LTD ATF THE LEARNING CENTRE TRUST

Creating a Sense of Community

104 Chatswood Road Daisy Hill, QLD 4127 Phone (07) 3208 0463 Email: dhssfdc@gmail.com