



School Holiday Booking Form

FDC Educator: _____

Parent Name: _____

Child Name: _____

Start date: _____ End Date: _____

Week 1	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
Finish Time	:	:	:	:	:	:	:

Week 2	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
Finish Time	:	:	:	:	:	:	:

Note: If care arrangements vary each week, then complete the details for each week in the next page

Parent agreement

I _____ confirm the above booking as the care that I require over the school holiday period. I understand that once confirmed I am liable to pay fees for this booking regardless of whether or not I use care.

Parent Signature: _____ Date: _____

FDC Educator agreement

I _____ confirm that I am available to provide care for the above required booking.

Educator Signature: _____ Date: _____

Week 3	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
Finish Time	:	:	:	:	:	:	:

Week 4	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
Finish Time	:	:	:	:	:	:	:

Week 5	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start Time	:	:	:	:	:	:	:
Finish Time	:	:	:	:	:	:	: