



Make Up Days

Child's Name: _____ Room: _____ Date: _____

Date of public Holiday: _____

Date of requested make up day: _____

Comments: _____

Signature: _____ Printed Name: _____

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Office Response Form

Child's name: _____ Date: _____

Your request for a make up day has been granted.

Your make up day will be: _____.

(Please note that all fees must be kept up to date throughout the quarter in order to eligible for a make up day.)

Your request for a make up day has not been granted due to the following reason:

- child's account not up to date**
- requested day not within a one month period of the public holiday**
- no spaces available on your requested day**

(please feel free to call in on the day to see if a child has called in absent)

If you have any further questions, please do not hesitate to speak with Jayne.

Signature _____