



VICTORIA PARK CHILD CARE CENTRE
2018 CHILD CARE SCHEDULE REQUEST

November & December 2018
 (Includes January 1-4, 2019)

DATE RECEIVED IN OFFICE: (d)____(m)____(y)____

APPROVED BY ADMIN: YES () NO ()

IF NO, STATE REASON: _____

SIGNATURE OF ADMIN: _____

CHILD'S NAME: _____

PARENT/GUARDIAN
 NAME (PRINTED): _____

Please indicate one of the following in **EVERY** weekday of the month:
 the daily hours of care needed **OR** an "X" in the box beside "NO CARE"

November 2018 (Nov 1-2 on Sept/Oct Schedule)					December 2018 (Includes Jan 1-4, 2019)				
MON Nov 5	TUE 6	WED 7	THUR 8	FRI 9	MON Dec 3	TUE 4	WED 5	THUR 6	FRI 7
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 12	TUE 13	WED 14	THUR 15	FRI 16	MON 10	TUE 11	WED 12	THUR 13	FRI 14
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 19	TUE 20	WED 21	THUR 22	FRI 23	MON 17	TUE 18	WED 19	THUR 20	FRI 21
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
				PA Day- ALL SCHOOLS					
MON 26	TUE 27	WED 28	THUR 29	FRI 30	MON 24	TUE 25	WED 26	THUR 27	FRI 28
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	CLOSED for CHRISTMAS DAY	CLOSED for BOXING DAY	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:	From:			From:	From:
To:	To:	To:	To:	To:	To:			To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	CLOSE 2pm SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
					MON 31	TUE Jan 1	WED 2	THUR 3	FRI 4
					<u>HOURS</u>	CLOSED For NEW YEARS DAY	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
					From:		From:	From:	From:
					To:		To:	To:	To:
					CLOSE 2pm SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK
					NO CARE <input type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>

I, hereby, confirm that the completed schedule request reflects my child care needs. I understand that I will be billed according to this schedule once approved. Additional days may be added ONLY IF SPACE PERMITS. Arriving unexpectedly cannot be permitted. Changes to the schedule (request to add days/cancel days/book vacation time) must be submitted in writing on the **Change to Schedule Form TWO** WEEKS BEFORE the change will occur. Full fees apply if notice is less than **TWO** weeks and when all "free" days are used.

Parent/Guardian Signature: _____ Date: (d) ____ (m) ____ (y) ____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: OCTOBER 12, 2018 ** SPACES LIMITED ******