



**COOK'S HOME CHILD CARE AGENCY
2018/19 CHILD CARE SCHEDULE REQUEST**

**December 16 –
January 1**

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):		
DECEMBER 2018 / JANUARY 2019						
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>
SUN 16	MON 17	TUE 18	WED 19	THUR 20	FRI 21	SAT 22
HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: 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"/>
SUN 23	MON 24	TUE 25	WED 26	THUR 27	FRI 28	SAT 29
HOURS From: To:	HOURS From: To: OFFICE CLOSSES 2PM	CLOSED for CHRISTMAS DAY	CLOSED for BOXING DAY	HOURS From: To:	HOURS From: To:	HOURS From: To:
SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK
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"/>	NO CARE <input type="checkbox"/>
SUN 30	MON 31	TUE JAN 1				
HOURS From: To:	HOURS From: To: OFFICE CLOSSES 2PM	CLOSED for NEW YEAR'S DAY				
SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK				
NO CARE <input type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" 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)____