



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

November 2-15

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): |
|----------------------|--|

NOVEMBER 2018

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | FRI 2 | SAT 3 |
| | | | | | <u>HOURS</u> | <u>HOURS</u> |
| | | | | | From: | From: |
| | | | | | To: | To: |
| 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 type="checkbox"/> | NO CARE <input type="checkbox"/> |
| SUN 4 | MON 5 | TUE 6 | WED 7 | THUR 8 | FRI 9 | SAT 10 |
| <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: |
| 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"/> |
| SUN 11 | MON 12 | TUE 13 | WED 14 | THUR 15 | | |
| <u>HOURS</u> | <u>HOURS</u> | <u>HOURS</u> | <u>HOURS</u> | <u>HOURS</u> | | |
| From: | From: | From: | From: | From: | | |
| 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 checked="" type="checkbox"/> | NO CARE <input checked="" type="checkbox"/> |
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| | | | | | | |
| 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"/> |

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 15, 2018
**** SPACES LIMITED ******