



VICTORIA PARK CHILD CARE CENTRE
2019 CHILD CARE SCHEDULE REQUEST

January &
February 2019 (January 1-5, 2019 on December 2018 Schedule)

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 <u>EVERY</u> weekday of the month: the daily hours of care needed <u>OR</u> an "X" in the box beside "NO CARE"									
January 2019 (Jan 1-4 on Nov/Dec Schedule)					February 2019 (includes March 1)				
MON 7	TUE 8	WED 9	THUR 10	FRI 11	MON Feb 4	TUE 5	WED 6	THUR 7	FRI 8
<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 14	TUE 15	WED 16	THUR 17	FRI 18	MON 11	TUE 12	WED 13	THUR 14	FRI 15
<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 21	TUE 22	WED 23	THUR 24	FRI 25	MON 18	TUE 19	WED 20	THUR 21	FRI 22
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	CLOSED for FAMILY DAY	<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 checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 28	TUE 29	WED 30	THUR 31	FRI Feb 1	MON 25	TUE 26	WED 27	THUR 28	FRI Mar1
<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									

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: DECEMBER 14, 2018
 **** SPACES LIMITED ****