



VICTORIA PARK CHILD CARE CENTRE  
2019 CHILD CARE SCHEDULE REQUEST

July &  
August 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"

July 2019					August 2019				
MON Jul 1	TUE 2	WED 3	THUR 4	FRI 5	MON Jul 29	TUE 30	WED 31	THUR Aug 1	FRI 2
<b>CLOSED for CANADA DAY</b>	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:
	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"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 8	TUE 9	WED 10	THUR 11	FRI 12	MON 5	TUE 6	WED 7	THUR 8	FRI 9
<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<b>CLOSED for CIVIC HOLIDAY</b>	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> 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 checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 15	TUE 16	WED 17	THUR 18	FRI 19	MON 12	TUE 13	WED 14	THUR 15	FRI 16
<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> 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"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 22	TUE 23	WED 24	THUR 25	FRI 26	MON 19	TUE 20	WED 21	THUR 22	FRI 23
<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> 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"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
					MON 26	TUE 27	WED 28	THUR 29	FRI 30
					<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> 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"/>

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** **FOUR** WEEKS BEFORE the change will occur. Full fees apply if notice is less than **FOUR** weeks and when all "free" days are used.

Parent/Guardian Signature: \_\_\_\_\_ Date: (d) \_\_\_\_ (m) \_\_\_\_ (y) \_\_\_\_

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: MAY 17, 2019

\*\*\*\* SPACES LIMITED \*\*\*\*