



**COOK'S HOME CHILD CARE AGENCY  
2019 CHILD CARE SCHEDULE REQUEST**

**April 16 -  
May 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): \_\_\_\_\_

APRIL / MAY 2019						
		TUE Apr 16	WED 17	THUR 18	FRI 19	SAT 20
		<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<b>CLOSED for GOOD FRIDAY</b>	<u>HOURS</u> From: To:
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"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 21	MON 22	TUE 23	WED 24	THUR 25	FRI 26	SAT 27
<u>HOURS</u> From: To:	<u>HOURS</u> From: To: <b>PA Day- ALL SCHOOLS</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:
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 28	MON 29	TUE 30	WED May 1			
<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 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"/>	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: MARCH 18, 2019**  
 \*\*\*\* SPACES LIMITED \*\*\*\*