



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

**February 16 –  
March 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): \_\_\_\_\_

**FEBRUARY / MARCH 2019**

						SAT FEB 16
						HOURS
						From:
						To:
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SUN 17	MON 18	TUE 19	WED 20	THUR 21	FRI 22	SAT 23
HOURS	<b>CLOSED for FAMILY DAY</b>	HOURS	HOURS	HOURS	HOURS	HOURS
From:		From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
NO CARE	<input checked="" type="checkbox"/>	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SUN 24	MON 25	TUE 26	WED 27	THUR 28	FRI MAR 1	
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
From:	From:	From:	From:	From:	From:	
To:	To:	To:	To:	To:	To:	
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<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: JANUARY 21, 2019  
 \*\*\*\* SPACES LIMITED \*\*\*\***