



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

**January 16 –
February 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): _____

JANUARY / FEBRUARY 2019

			WED JAN 16	THUR 17	FRI 18	SAT 19
			HOURS	HOURS	HOURS	HOURS
			From: To:	From: To:	From: To:	From: To:
			NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 20	MON 21	TUE 22	WED 23	THUR 24	FRI 25	SAT 26
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
From: To:	From: To:	From: To:	From: To:	From: To:	From: To:	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 27	MON 28	TUE 29	WED 30	THUR 31	FRI FEB 1	
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	
From: To:	From: To:	From: To:	From: To:	From: To:	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 checked="" type="checkbox"/>
					PA Day- ALL SCHOOLS	
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: DECEMBER 24, 2018

**** SPACES LIMITED ****