



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

**June 16 –
July 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): _____

JUNE / JULY 2019

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"/>
SUN Jun 16	MON 17	TUE 18	WED 19	THUR 20	FRI 21	SAT 22	
<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"/>
SUN 23	MON 24	TUE 25	WED 26	THUR 27	FRI 28	SAT 29	
<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"/>
SUN 30	MON Jul 1						
<u>HOURS</u> From: To:	CLOSED for CANADA DAY						
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"/>

**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: MAY 21, 2019
**** SPACES LIMITED ******