



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

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

**MARCH / APRIL 2019**

|   |   |   |   |   |   | SAT MAR 16                                  |
|---|---|---|---|---|---|---|
|   |   |   |   |   |   | HOURS                                       |
|   |   |   |   |   |   | From:                                       |
|   |   |   |   |   |   | To:   |
| 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 type="checkbox"/>            |
| SUN 17                                      | MON 18                                      | TUE 19                                      | WED 20                                      | THUR 21                                     | FRI 22                                      | SAT 23                                      |
| <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                |
| From:                                       | From:                                       | From:                                       | From:                                       | From:                                       | From:                                       | From:                                       |
| To:   | To:   | To:   | To:   | To:   | To:   | 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 24                                      | MON 25                                      | TUE 26                                      | WED 27                                      | THUR 28                                     | FRI 29                                      | SAT 30                                      |
| <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                | <u>HOURS</u>                                |
| From:                                       | From:                                       | From:                                       | From:                                       | From:                                       | From:                                       | From:                                       |
| To:   | To:   | To:   | To:   | To:   | To:   | 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 31                                      | MON APR 1                                   |   |   |   |   |   |
| <u>HOURS</u>                                | <u>HOURS</u>                                |   |   |   |   |   |
| From:                                       | From:                                       |   |   |   |   |   |
| To:   | To:   |   |   |   |   |   |
| 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"/> |

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: FEBRUARY 19, 2019**  
 \*\*\*\* SPACES LIMITED \*\*\*\*