



**VICTORIA PARK CHILD CARE CENTRE
2020 CHILD CARE SCHEDULE REQUEST**

JANUARY - FEBRUARY 2020

(January 1-3, 2019 on December 2018 Schedule)

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):

Please indicate one of the following in EVERY weekday of the month:
the daily hours of care needed OR an "X" in the box beside "NO CARE"

January 2020				
MON 6	TUE 7	WED 8	THUR 9	FRI 10
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 13	TUE 14	WED 15	THUR 16	FRI 17
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 20	TUE 21	WED 22	THUR 23	FRI 24
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 27	TUE 28	WED 29	THUR 30	FRI 31
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

February 2020				
MON 3	TUE 4	WED 5	THUR 6	FRI 7
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 10	TUE 11	WED 12	THUR 13	FRI 14
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 17	TUE 18	WED 19	THUR 20	FRI 21
CLOSED for FAMILY DAY				
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 24	TUE 25	WED 26	THUR 27	FRI 28
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

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 13, 2019

**** SPACES LIMITED ****