



**VICTORIA PARK CHILD CARE CENTRE
2019 CHILD CARE SCHEDULE REQUEST**

July & August 2019

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"**

July 2019

MON Jul 1	TUE 2	WED 3	THUR 4	FRI 5
CLOSED for CANADA DAY				
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 8	TUE 9	WED 10	THUR 11	FRI 12
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 15	TUE 16	WED 17	THUR 18	FRI 19
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 22	TUE 23	WED 24	THUR 25	FRI 26
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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August 2019

MON Jul 29	TUE 30	WED 31	THUR Aug 1	FRI 2
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 5	TUE 6	WED 7	THUR 8	FRI 9
CLOSED for CIVIC HOLIDAY				
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 12	TUE 13	WED 14	THUR 15	FRI 16
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 19	TUE 20	WED 21	THUR 22	FRI 23
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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MON 26	TUE 27	WED 28	THUR 29	FRI 30
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
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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** FOUR WEEKS BEFORE the change will occur. Full fees apply if notice is less than **four** weeks and when all "free" days are used.

Parent/Guardian Signature: _____ **Date:** (d) ____ (m) ____ (y) ____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: MAY 17, 2019

****** SPACES LIMITED ******