# VICTORIA PARK CHILD CARE CENTRE
## 2020 CHILD CARE SCHEDULE REQUEST
# JULY - AUGUST 2020
### (includes September 4, 2020)

| 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 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 |

### August 2020 (includes September 4, 2020)

| MON 3 | TUE 4 | WED 5 | THUR 6 | FRI 7 |
|---|---|---|---|---|
| CLOSED for CIVIC HOLIDAY | | | | |
| 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 |
| 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 |
| MON 31 | TUE SEP 1 | WED 2 | THUR 3 | FRI 4 |
| 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 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 15, 2019
### **** SPACES LIMITED ****