



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

MAY - JUNE 2020
(includes July 3, 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"

May 2020

MON 4	TUE 5	WED 6	THUR 7	FRI 8
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 11	TUE 12	WED 13	THUR 14	FRI 15
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 18	TUE 19	WED 20	THUR 21	FRI 22
CLOSED for VICTORIA DAY				
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 25	TUE 26	WED 27	THUR 28	FRI 29
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON JUN 1	TUE 2	WED 3	THUR 4	FRI 5
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE

June 2020 (includes July 3, 2020)

MON 8	TUE 9	WED 10	THUR 11	FRI 12
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 15	TUE 16	WED 17	THUR 18	FRI 19
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 22	TUE 23	WED 24	THUR 25	FRI 26
				PA Day ALL SCHOOLS
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 29	TUE 30	WED JUL 1	THUR 2	FRI 3
		CLOSED for CANADA DAY		
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: APRIL 9, 2019

**** SPACES LIMITED ****