



COOK'S HOME CHILD CARE AGENCY
2020 CHILD CARE
SCHEDULE REQUEST

Aug 16 –
Sep 1, 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): | | | |
| AUGUST / SEPTEMBER 2020 | | | | | | |
| SUN Aug 16 | MON 17 | TUE 18 | WED 19 | THUR 20 | FRI 21 | SAT 22 |
| <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: |
| NO CARE <input type="checkbox"/> | NO CARE <input checked="" 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 23 | MON 24 | TUE 25 | WED 26 | THUR 27 | FRI 28 | SAT 29 |
| <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: 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 30 | MON 31 | TUE Sep 1 | | | | |
| <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | | | | |
| NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input 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: Aug 4, 2020

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