



**COOK'S HOME CHILD CARE AGENCY**  
**2020 CHILD CARE**  
**SCHEDULE REQUEST**  
**Aug 2 - 15, 2020**

DATE RECEIVED IN OFFICE: (d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_  
 APPROVED BY ADMIN: YES ( ) NO ( )  
 IF NO, STATE REASON: \_\_\_\_\_  
 SIGNATURE OF ADMIN: \_\_\_\_\_

<b>CHILD'S NAME:</b>				<b>PARENT/GUARDIAN NAME (PRINTED):</b>		
<b>AUGUST 2020</b>						
SUN 2	MON 3	TUE 4	WED 5	THUR 6	FRI 7	SAT 8
<u>HOURS</u> From: To:	<b>CLOSED for CIVIC HOLIDAY</b>	<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 9	MON 10	TUE 11	WED 12	THUR 13	FRI 14	SAT 15
<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"/>

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: July 20, 2020**  
 \*\*\*\* SPACES LIMITED \*\*\*\*