

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

Apr 16 –

May 1, 2020

DATE RECEIVED IN OFFICE: (d)\_\_\_\_(m)\_\_\_(y)\_\_\_\_

APPROVED BY ADMIN: YES ( ) NO ( )

IF NO, STATE REASON: \_\_\_\_\_

Signature of Admin: \_\_\_\_\_

								PARENT/GUARDIAN NAME (PRINTED):					
APRIL / MAY 2020													
								THUR	Apr 16	FRI	17	SAT	18
								HC	<u>URS</u>	HOURS	<u>5</u>	HOUR	<u>s</u>
								From:		From:		From:	
								To:		To:		To:	
								NO CARE		NO CARE		NO CARE	
SUN	19	MON	20	TUE	21	WED	22	THUR	23	FRI	24	SAT	25
<u>HOURS</u>		HOURS		<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>	
From:		From:		From:		From:		From:		From:		From:	
To:		To:		To:		To:		To:		To:		To:	
										PA Day ALL SCHO			
NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE	
SUN	26	MON	27	TUE	28	WED	29	THUR	30	FRI Ma	ay 1		
<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		HOURS		<u>HOURS</u>		<u>HOURS</u>			
From:		From:		From:		From:		From:		From:			
To:		То:		То:		To:		To:		To:			
NO CARE		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)
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## SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: April 6, 2020 \*\*\*\* SPACES LIMITED \*\*\*\*