



COOK'S HOME CHILD CARE AGENCY
2019/2020 CHILD CARE
SCHEDULE REQUEST
December 16, 2019-
January 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): | | |
| DECEMBER 2019 / JANUARY 2020 | | | | | | |
| | MON DEC 16 | TUE 17 | WED 18 | THUR 19 | FRI 20 | SAT 21 |
| | <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"/> |
| SUN 22 | MON 23 | TUE 24 | WED 25 | THUR 26 | FRI 27 | SAT 28 |
| <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | CLOSED for CHRISTMAS DAY | CLOSED for BOXING DAY | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: |
| | SCHOOL BREAK | SCHOOL BREAK | SCHOOL BREAK | SCHOOL BREAK | SCHOOL BREAK | |
| NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input checked="" type="checkbox"/> | NO CARE <input checked="" type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> |
| SUN 29 | MON 30 | TUE 31 | WED JAN 1 | | | |
| <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | <u>HOURS</u> From: To: | CLOSED for NEW YEAR'S DAY | | | |
| | SCHOOL BREAK | SCHOOL BREAK | SCHOOL BREAK | | | |
| NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input type="checkbox"/> | NO CARE <input checked="" 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: December 2, 2019

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