



COOK'S HOME CHILD CARE AGENCY

**2020 CHILD CARE  
SCHEDULE REQUEST**

**January 16 –  
February 1, 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>JANUARY / FEBRUARY 2020</b>						
				THUR Jan 16	FRI 17	SAT 18
				<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
				From:	From:	From:
				To:	To:	To:
				NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 19	MON 20	TUE 21	WED 22	THUR 23	FRI 24	SAT 25
<u>HOURS</u>	<u>HOURS</u>	<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:
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 26	MON 27	TUE 28	WED 29	THUR 30	FRI 31	SAT Feb 1
<u>HOURS</u>	<u>HOURS</u>	<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:
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"/>	<b>PA Day- ALL SCHOOLS</b>	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"/>	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: January 6, 2020**  
 \*\*\*\* SPACES LIMITED \*\*\*\*