

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

Jun 16 – Jul 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):						
JUNE / JULY 2020														
					n 16	WED	17	THUR	18	FRI	19	SAT	20	
				<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		<u>HOURS</u>		
				From:		From:		From:		From:		From:		
				То:		То:		То:		To:		То:		
				NO		NO		NO		NO		NO		
SUN 2	21	MON	22	CARE TUE	23	CARE WED	24	CARE THUR	25	CARE FRI	26	CARE SAT	27	
HOURS	21	HOURS		HOURS			DURS 24		URS		URS 20	HOU		
From:		From:		From:		From:		From:		From:		From:		
To:		То:		To:		То:		To:		То:		То:		
										PA I ALL SCH	Day-			
NO	╗	NO		NO		NO		NO		NO		NO		
CARE L	<u></u> 28	MON CARE	29	CARE TUE	30	CARE WED	Jul 1	CARE		CARE		CARE		
HOURS HOURS		HOURS			OSED									
From:		From:		From:			for							
То:		То:		То:		CANA	DA DAY							
NO CARE	ᇻ	NO CARE		NO CARE		NO CARE	X							
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: June 1, 2020
**** SPACES LIMITED ****