

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

Mar 16 -

Apr 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):							
	MARCH / APRIL 2020													
		MON	Mar 16	TUE	17	WED	18	THUR	19	FRI	20	SAT	21	
		HOURS		<u>HOURS</u>		HOURS		<u>HOURS</u>		HOURS		<u>HOURS</u>		
		From:		From:		From:		From:		From:		From:		
		To:		To:		To:		To:		To:		To:		
		SCHOO	L BREAK	SCHOC	DL BREAK	SCHO	ol Break	SCHOOL	BREAK	SCHOOL BI	REAK			
		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		
SUN	22	MON	23	TUE	24	WED	25	THUR	26	FRI	27	SAT	28	
<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:		
NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		
SUN	29	MON	30	TUE	31	WED	Apr 1							
<u>HOURS</u>		HOURS		HOURS		HOURS								
From:		From:		From:		From:								
To:		To:		To:		To:								
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)\_\_\_\_\_

## SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: March 2, 2020 \*\*\*\* SPACES LIMITED \*\*\*\*