

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

May 16 – Jun 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):							
MAY / JUNE 2020											
									SAT	May 16	
									HO	<u>JRS</u>	
									From:		
									То:		
									NO CARE		
SUN 17	MON 18	TUE 19	WED	20	THUR	21	FRI	22	SAT	23	
<u>HOURS</u>	CLOSED	<u>HOURS</u>	HC	<u>DURS</u>	HOU	<u>RS</u>	HOURS	<u>.</u>	HO	<u>JRS</u>	
From:	for	From:	From:		From:		From:		From:		
То:	VICTORIA DAY	То:	То:		To:		To:		То:		
NO CARE	NO CARE	NO CARE	NO CARE		NO CARE		NO CARE		NO CARE		
SUN 24	MON 25	TUE 26	WED	27	THUR	28	FRI	29	SAT	30	
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	НС	OURS HOURS		<u>HOURS</u>		<u>HOURS</u>			
From:	From:	From:	From:		From:		From:		From:		
To:	To:	To:	То:		То:		To:		То:		
NO CARE	NO CARE	NO CARE	NO CARE		NO CARE		NO CARE		NO CARE		
SUN May 31	MON Jun 1		O7 IIILE		O7 IIIE		O7 IIIL		O7 IIILE		
<u>HOURS</u>											
From:	From:										
To:	To:										
NO CARE	NO CARE										
, hereby, confirm that the completed schedule request reflects my child care needs. I understand that I											

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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