

## COOK'S HOME CHILD CARE AGENCY 2019 CHILD CARE SCHEDULE REQUEST November 2-15

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):							
NOVEMBER 2019													
				1 V	VLIV	IDLIX 20	1 7					SAT N	OV 2
												HOUR	
												From:	_
												То:	
												NO CARE	
SUN 3	MON	4	TUE	5	WED	6	THUR	7	FRI		8	SAT	9
<u>HOURS</u>	<u>HOURS</u>		<u>HOUR</u>	<u>S</u>	HC	<u>DURS</u>	HC	<u>URS</u>	<u>H0</u>	<u>DURS</u>		HOUR:	<u>S</u>
From:	From:		From:		From:		From:		From:			From:	
To:	То:		To:		To:		То:		To:			To:	
NO	NO		NO		NO		NO		NO			NO	
SUN 10	CARE MON	11	CARE TUE	12	CARE WED	13	CARE THUR	 14	CARE FRI	<u> </u>	<u></u>	CARE	
HOURS	HOURS		HOUR			DURS		OURS		<u>DURS</u>			
From:	From:		From:		From:		From:		From:				
To:	To:		То:		То:		To:		To:				
NO	NO	_	NO		NO		NO		NO				
CARE	CARE		CARE		CARE		CARE		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 <b>Change to Schedule Form</b> 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:													
Tarenti Guardian signature													

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: October 15, 2019

\*\*\*\* SPACES LIMITED \*\*\*\*