

COOK'S HOME CHILD CARE AGENCY 2019 CHILD CARE SCHEDULE REQUEST October 16 – November 1

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):						
OCTOBER / NOVEMBER 2019													
						WED	OCT 16	THUR	17	FRI	18	SAT	19
						HC	<u>DURS</u>	<u>HOURS</u>		HOUR	<u>S</u>	HOURS	
						From:		From:		From:		From:	
						To:		To:		То:		To:	
						NO CARE		NO CARE		NO CARE		NO CARE	
SUN	20	MON	21	TUE	22	WED	23	THUR	24	FRI	25	SAT	26
HOURS		HOURS		HOURS		HOURS ES		HOURS		HOURS		<u>HOURS</u>	
From:		From:		From:		From:		From:		From:		From:	
To:		То:		То:		To:		То:		То:		То:	
NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE	
SUN	<u></u> 27	MON	21	TUE	29	WED	30	THUR	31		DV 1	CARE	
HOURS		HOURS		HOURS		HOURS		HOURS		HOURS			
From:		From:		From:		From:		From:		From:			
То:		То:		То:		To:		То:		То:			
NO		NO		NO		NO		NO		NO			
CARE		CARE		CARE		CARE		CARE		CARE			
, 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 ap	ply i	f notice is le	ess th	nan two we	eks	and wh	nen all "f	ree" days a	are u	sed.			
Parent/Guardian Signature: Date: (d)(m)(y)													

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: September 23, 2019

**** SPACES LIMITED ****