COOK'S HOME CHILD CARE AGENCY

September 16 -

October 1

2019 CHILD CARE SCHEDULE REQUEST

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):						
	SEPTEMBER / OCTOBER 2019													
		MON SE	P 16	TUE	17	WED	18	THUR	19	FRI	20	SAT	21	
		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		
		From:		From:		From:		From:		From:		From:		
		To:		To:		To:		To:		To:		To:		
		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		
SUN	22	MON	23	TUE		WED	25	THUR	26	FRI	27	SAT	28	
HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		HOURS		
From:		From:		From:		From:		From:		From:		From:		
To:		To:		To:		To:		To:		To:		To:		
										PA Day-				
										ALL SCHOOLS				
NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		NO CARE		
SUN	29	MON	30	TUE	OCT 1	-		-				-		
HOURS		HOURS		HOURS										
From:		From:		From:										
To:		To:		To:										
NO CARE		NO		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.

## SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: August 26, 2019 \*\*\*\* SPACES LIMITED \*\*\*\*