



**COOK'S HOME CHILD CARE AGENCY**  
**2019 CHILD CARE SCHEDULE REQUEST**

**September 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): \_\_\_\_\_

**SEPTEMBER 2019**

	MON 2	TUE 3	WED 4	THUR 5	FRI 6	SAT 7
	<b>CLOSED for LABOUR DAY</b>	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:
	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 8	MON 9	TUE 10	WED 11	THUR 12	FRI 13	SAT 14
<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:	<u>HOURS</u> From: To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 15						
<u>HOURS</u> From: To:						
NO CARE <input type="checkbox"/>						

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: August 12, 2019**

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