



**VICTORIA PARK CHILD CARE CENTRE
2020 CHILD CARE SCHEDULE REQUEST
JULY - AUGUST 2020
(includes September 4, 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):** _____

Please indicate one of the following in **EVERY** weekday of the month:
 the daily hours of care needed **OR** an "X" in the box beside "NO CARE"

July 2020					August 2020 (includes September 4, 2020)				
MON 6	TUE 7	WED 8	THUR 9	FRI 10	MON 3	TUE 4	WED 5	THUR 6	FRI 7
					CLOSED for CIVIC HOLIDAY				
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 13	TUE 14	WED 15	THUR 16	FRI 17	MON 10	TUE 11	WED 12	THUR 13	FRI 14
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 20	TUE 21	WED 22	THUR 23	FRI 24	MON 17	TUE 18	WED 19	THUR 20	FRI 21
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON 27	TUE 28	WED 29	THUR 30	FRI 31	MON 24	TUE 25	WED 26	THUR 27	FRI 28
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
					MON 31	TUE SEP 1	WED 2	THUR 3	FRI 4
					NO CARE	NO CARE	NO CARE	NO CARE	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 FOUR** weeks before the change will occur. Full fees apply if notice is less than **FOUR** weeks and when all "free" days are used.

Parent/Guardian Signature: _____ Date: (d) ____ (m) ____ (y) ____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: MAY 15, 2020
 **** SPACES LIMITED ****