



**VICTORIA PARK CHILD CARE CENTRE  
CHILD CARE SCHEDULE REQUEST  
November & December 2020**

**SPECIAL DATES**

Nov 27: \* **PA Day** - All Schools  
 Dec 21 to Jan 1: School Christmas Break \* **(CB)**  
 Dec 24 & 31: \* **Close Noon**  
 Dec 25: Christmas Day (closed)

**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 check the box beside "NO CARE"**

**Month: November 2020**

MON	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON	TUE	WED	THU	*FRI PA Day
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON				
Time In				
Time Out				
NO CARE				

**Month: December 2020**

	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
MON	TUE	WED	THU	FRI
Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
*MON CB	*TUE CB	*WED CB	*THU Close Noon	*FRI CB
Time In	Time In	Time In	Time In	<b>Closed for Christmas Day</b>
Time Out	Time Out	Time Out	Time Out	
NO CARE	NO CARE	NO CARE	NO CARE	
*MON CB	*TUE CB	*WED CB	*THU Close Noon	
<b>Closed for Boxing Day</b>	Time In	Time In	Time In	
	Time Out	Time Out	Time Out	
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 it is 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: \_\_\_\_\_**

**SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: October 13, 2020**

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