



COOK'S HOME CHILD CARE AGENCY
CHILD CARE SCHEDULE REQUEST
October 2020

SPECIAL DATES

Oct 12: Thanksgiving 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: October 2020

				THUR	FRI	SAT
				Time In	Time In	Time In
				Time Out	Time Out	Time Out
				NO CARE	NO CARE	NO CARE
SUN	MON	TUE	WED	THUR	FRI	SAT
Time In	Time In	Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
SUN	*MON	TUE	WED	THUR	FRI	SAT
Time In	Closed for Thanks- giving Day	Time In	Time In	Time In	Time In	Time In
Time Out		Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE		NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
SUN	MON	TUE	WED	THUR	FRI	SAT
Time In	Time In	Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE	NO CARE
SUN	MON	TUE	WED	THUR	FRI	SAT
Time In	Time In	Time In	Time In	Time In	Time In	Time In
Time Out	Time Out	Time Out	Time Out	Time Out	Time Out	Time Out
NO CARE	NO CARE	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 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: September 14, 2020

*** SPACES LIMITED ***