



VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST
September & October 2021

SPECIAL DATES

Sept 6: Labour Day (closed) *
 Oct 11: 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: September 2021

		WED	THU	FRI
		Time In	Time In	Time In
		Time Out	Time Out	Time Out
		NO CARE	NO CARE	NO CARE
*MON	TUE	WED	THU	FRI
Closed for Labour Day	Time In	Time In	Time In	Time In
	Time Out	Time Out	Time Out	Time Out
	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
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

Month: October 2021

				FRI
				Time In
				Time Out
				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
Closed for Thanksgiving Day	Time In	Time In	Time In	Time In
	Time Out	Time Out	Time Out	Time Out
	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 27	THU 28	FRI 29
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

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: August 16, 2021

**** SPACES LIMITED ****