

COOK'S HOME CHILD CARE AGENCY CHILD CARE SCHEDULE REQUEST

September 2021

PARENT/GUARDIAN CHILD'S NAME: 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 THUR FRI SAT Time Time Time Time In In In In Time Time Time Time Out Out Out Out NO CARE NO CARE NO CARE NO CARE SUN *MON TUE WED THUR FRI SAT Time Time Closed Time Time Time Time In In for Time Time Time Time Time Time Out Out Out Out Out Out Labour Day NO CARE NO CARE NO CARE NO CARE NO CARE NO CARE SUN MON TUE THUR WED FRI SAT Time Time Time Time Time Time Time In In In In In In Time Time Time Time Out Time Time Time Out Out Out Out Out Out NO CARE SUN TUE MON WED THUR FRI SAT Time Time Time Time Time Time Time In In In In In In In Time Time Time Time Time Time Time Out Out Out Out Out Out Out NO CARE SUN TUE WED THUR MON Time Time Time Time Time In In In In In Time Time Time Time Time Out Out Out Out Out

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.

NO CARE

NO CARE

Parent/Guardian Signature: _

NO CARE

NO CARE

NO CARE

_ Date:

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: August 16, 2021 **** SPACES LIMITED ****