



**COOK'S HOME CHILD CARE AGENCY
CHILD CARE SCHEDULE REQUEST
September 2021**

SPECIAL DATES

Sept 6: Labour 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 | THUR | FRI | SAT |
|----------|--------------------------------------|----------|----------|----------|----------|----------|
| | | | Time In | Time In | Time In | Time In |
| | | | Time Out | Time Out | Time Out | Time Out |
| | | | NO CARE | NO CARE | NO CARE | NO CARE |
| SUN | *MON | TUE | WED | THUR | FRI | SAT |
| Time In | Closed for Labour 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 |
| SUN | MON | TUE | WED | THUR | | |
| 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 ***