



VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST

March/ April 2024

SPECIAL DATES

March 8-15 - March Break

March 29- Good Friday- **DayCare Closed**

April 01- Easter Monday- Schools Closed

April 26- PA Day - All Schools

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: MARCH 2024

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
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	GOOD FRIDAY CLOSED

Month: APRIL 2024

*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
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

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: FEBRUARY 14, 2024

**** SPACES LIMITED ****