



**VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST**

May/June 2024

SPECIAL DATES

May 20- Victoria Day- **DayCare Closed**
 June 07- PA Day
 June 27- Last Day of School
 June 28- PA Day- End of School Year

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|----------------------|--|
| 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: May 2024 | | | | |
| | 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 |
| 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 |
| Victoria Day CLOSED | 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 |

| | | | | |
|-------------------------|----------------|----------------|----------------|----------------|
| Month: June 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 |

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: April 12 2024

****** SPACES LIMITED ******