



VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST

July & August 2024

SPECIAL DATES

July 01- Canada Day- **Daycare Closed**

August 05- Civic Holiday - **Daycare 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: **JULY 2024**

MON	TUE	WED	THU	FRI
Canada 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

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		
Time In	Time In	Time In		
Time Out	Time Out	Time Out		
NO CARE	NO CARE	NO CARE		

Month: **AUGUST 2024**

			THU	FRI
			Time In	Time In
			Time Out	Time Out
			NO CARE	NO CARE

MON	TUE	WED	THU	FRI
Civic Holiday 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

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 FOUR** weeks before the change will occur. Full fees apply if notice is less than **FOUR** weeks and when all "free" days are used.

Parent/Guardian Signature: _____ Date: _____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: JUNE 06, 2024

**** SPACES LIMITED ****