

VICTORIA PARK CHILD CARE CENTRE CHILD CARE SCHEDULE REQUEST

JANUARY/ FEBRUARY 2025

<u>SPECIAL DATES</u>

January 31- PA Day

February 17- Family Day- CLOSED

CHILD'S NAME:

PARENT/GUARDIAN
NAME (PRINTED):

Please indicate one of the following in <u>EVERY</u> weekday of the month: the daily hours of care needed <u>OR</u> check the box beside "NO CARE"

Month: JANUARY 2025						
		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		
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		

Month: FEBRUARY 2025						
*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		
Family	Time In	Time In	Time In	Time In		
Day CLOSED	Time Out	Time Out	Time Out	Time Out		
CLUSED	NO CARE	NO CARE	NO CARE	NO CARE		
мои	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 <u>TWO</u>** weeks before the change will occur. Full fees apply if notice is less than <u>TWO</u> weeks and when all "free" days are used.

Parent/Guardian	Sianaturo:	Date
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SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: DECEMBER 13, 2024

**** SPACES LIMITED ****