



VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST
MARCH / APRIL 2025

SPECIAL DATES

March 07- PA Day
 March 10-14- March Break
 April 11- PA Day
 April 18- Good Friday- **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: MARCH 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
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				
Time In				
Time Out				
NO CARE				

Month: APRIL 2025

	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	GOOD FRIDAY CLOSED
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 01	FRI 02
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 12, 2025

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