SPECIAL DATES

February 01- PA Day
February 15 - Family Day- Closed

VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST
January & February 2027

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: January 2027

MON 4	**TUE 5**	**WED 6**	**THU 7**	**FRI 8**
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 11	**TUE 12**	**WED 13**	**THU 14**	**FRI 15**
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 18	**TUE 19**	**WED 20**	**THU 21**	**FRI 22**
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 25	**TUE 26**	**WED 27**	**THU 28**	**FRI 29**
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 2027

MON 1	**TUE 2**	**WED 3**	**THU 4**	**FRI 5**
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 8	**TUE 9**	**WED 10**	**THU 11**	**FRI 12**
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 15	**TUE 16**	**WED 17**	**THU 18**	**FRI 19**
Family 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 22	**TUE 23**	**WED 24**	**THU 25**	**FRI 26**
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: December 04, 2026

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

SUBMIT