**SPECIAL DATES**
** Please note July & August Schedules are due no later than May 14th***

July 01- Canada Day- Closed
August 02- Civic Holiday - Closed

# VICTORIA PARK CHILD CARE CENTRE
## CHILD CARE SCHEDULE REQUEST
## JULY & AUGUST 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: JULY**

| MON | TUE | WED | THU | FRI |
|---|---|---|---|---|
| | | | | |
| MON 5 | TUE 6 | WED 7 | THU 8 | FRI 9 |
| 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 12 | TUE 13 | WED 14 | THU 15 | FRI 16 |
| 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 19 | TUE 20 | WED 21 | THU 22 | FRI 23 |
| 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 26 | TUE 27 | WED 28 | THU 29 | FRI 30 |
| 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: AUGUST/ SEPTEMBER**

| MON 2 | TUE 3 | WED 4 | THU 5 | FRI 6 |
|---|---|---|---|---|
| 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 9 | TUE 10 | WED 11 | THU 12 | FRI 13 |
| 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 16 | TUE 17 | WED 18 | THU 19 | FRI 20 |
| 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 23 | TUE 24 | WED 25 | THU 26 | FRI 27 |
| 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 30 | TUE 31 | WED 1 | THU 2 | FRI 3 |
| 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** 4 weeks before the change will occur. Full fees apply if notice is less than 4 weeks and when all "free" days are used.

**Parent/Guardian Signature:** _____ **Date:** _____

**SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: MAY 14, 2027**

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

**SUBMIT**