VICTORIA PARK CHILD CARE CENTRE
CHILD CARE SCHEDULE REQUEST
MARCH & APRIL 2027

SPECIAL DATES

March 15-19 - March Break
March 26- GOOD FRIDAY- Daycare Closed
March 29- Schools Closed- Easter Monday
April 16- PA Day

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

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**
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 22	**TUE 23**	**WED 24**	**THU 25**	**FRI 26**
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 29	**TUE 30**	**WED 31**		
Time In	Time In	Time In		
Time Out	Time Out	Time Out		
NO CARE	NO CARE	NO CARE		

Month: APRIL

			THU 1	FRI 2
			Time In	Time In
			Time Out	Time Out
			NO CARE	NO CARE
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

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 05, 2027

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

SUBMIT