



**EARLY LEARNING & CHILD CARE CENTRES
2012 CHILD CARE SCHEDULE REQUEST**

JANUARY & FEBRUARY
(Includes March 1)

DATE RECEIVED IN OFFICE: (d)____(m)____(y)____

APPROVED BY ADMIN: YES () NO ()

IF NO, STATE REASON: _____

SIGNATURE OF ADMIN: _____

PARENT/GUARDIAN NAME (PRINTED): _____

CHILD'S NAME: _____

DATE OF REQUEST: (d) (m) (y)

Please indicate one of the following in EVERY weekday of the month:
the daily hours of care needed OR an "X" in the box beside "NO CARE"

JANUARY 2012				
MON 2	TUE 3	WED 4	THUR 5	FRI 6
CLOSED for NEW YEAR'S DAY	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
	From:	From:	From:	From:
	To:	To:	To:	To:
SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK	SCHOOL BREAK
NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 9	TUE 10	WED 11	THUR 12	FRI 13
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 16	TUE 17	WED 18	THUR 19	FRI 20
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 23	TUE 24	WED 25	THUR 26	FRI 27
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 30	TUE 31			
<u>HOURS</u>	<u>HOURS</u>			
From:	From:			
To:	To:			
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>

FEBRUARY 2012 (includes March 1st)				
		WED 1	THUR 2	FRI 3
		<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
		From:	From:	From:
		To:	To:	To:
		NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 6	TUE 7	WED 8	THUR 9	FRI 10
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 13	TUE 14	WED 15	THUR 16	FRI 17
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 20	TUE 21	WED 22	THUR 23	FRI 24
FAMILY DAY	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>
CLOSED	From:	From:	From:	From:
	To:	To:	To:	To:
NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 27	TUE 28	WED 29	THUR Mar.1	
<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	<u>HOURS</u>	
From:	From:	From:	From:	
To:	To:	To:	To:	
NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>

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 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: (d) (m) (y)** _____

SUBMIT THIS COMPLETED SCHEDULE TO THE OFFICE BEFORE: DECEMBER 14, 2011

**** SPACES LIMITED ****