



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

MARCH & APRIL

(Includes May 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"

MARCH 2012				
	THUR 1	FRI 2		
	HOURS	HOURS		
	From:	From:		
	To:	To:		
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
MON 5	TUE 6	WED 7	THUR 8	FRI 9
HOURS	HOURS	HOURS	HOURS	HOURS
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 12	TUE 13	WED 14	THUR 15	FRI 16
HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:
MARCH BREAK	MARCH BREAK	MARCH BREAK	MARCH BREAK	MARCH BREAK
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 19	TUE 20	WED 21	THUR 22	FRI 23
HOURS	HOURS	HOURS	HOURS	HOURS
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 26	TUE 27	THUR 28	THUR 29	FRI 30
HOURS	HOURS	HOURS	HOURS	HOURS
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"/>

APRIL 2012 (includes May 1 st)				
MON 2	TUE 3	WED 4	THUR 5	FRI 6
HOURS	HOURS	HOURS	HOURS	GOOD FRIDAY
From:	From:	From:	From:	CLOSED
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 9	TUE 10	WED 11	THUR 12	FRI 13
HOURS	HOURS	HOURS	HOURS	HOURS
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
HOURS	HOURS	HOURS	HOURS	HOURS
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
HOURS	HOURS	HOURS	HOURS	HOURS
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 May 1			
HOURS	HOURS			
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"/>

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: FEBRUARY 14, 2012

**** SPACES LIMITED ****