



**COOK'S HOME CHILD CARE AGENCY
2012 CHILD CARE SCHEDULE REQUEST**

April 16 – 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)		
APRIL / MAY						
	MON 16	TUE 17	WED 18	THUR 19	FRI 20	SAT 21
	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
	From:	From:	From:	From:	From:	From:
	To:	To:	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"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 22	MON 23	TUE 24	WED 25	THUR 26	FRI 27	SAT 28
HOURS	HOURS	HOURS	HOURS	HOURS	HOURS	HOURS
From:	From:	From:	From:	From:	From:	From:
To:	To:	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"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 29	MON 30	TUE MAY 1				
HOURS	HOURS	HOURS				
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 checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>
NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" type="checkbox"/>	NO CARE <input checked="" 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: APRIL 2, 2012

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