



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

August 2-15

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)		
AUGUST						
				THUR 2	FRI 3	SAT 4
				HOURS From: To:	HOURS From: To:	HOURS From: To:
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 type="checkbox"/>	NO CARE <input type="checkbox"/>	NO CARE <input type="checkbox"/>
SUN 5	MON 6	TUE 7	WED 8	THUR 9	FRI 10	SAT 11
HOURS From: To:	CIVIC / SIMCOE DAY CLOSED	HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: To:
NO CARE <input type="checkbox"/>	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"/>
SUN 12	MON 13	TUE 14	WED 15			
HOURS From: To:	HOURS From: To:	HOURS From: To:	HOURS From: 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"/>	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: JULY 23, 2012

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