



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

**February 16 –
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)		
FEBRUARY / MARCH						
				THUR 16	FRI 17	SAT 18
				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 19	MON 20	TUE 21	WED 22	THUR 23	FRI 24	SAT 25
HOURS From: To:	FAMILY 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 26	MON 27	TUE 28	WED 29	THUR MAR 1		
HOURS From: To:	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 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: FEBRUARY 6, 2012

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