



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

**July 16 – August 1**

DATE RECEIVED IN OFFICE: (d)\_\_\_\_(m)\_\_\_\_(y)\_\_\_\_

APPROVED BY ADMIN: YES ( ) NO ( )

IF NO, STATE REASON: \_\_\_\_\_

SIGNATURE OF ADMIN: \_\_\_\_\_

|  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|
| <b>PARENT/GUARDIAN NAME (PRINTED):</b>             |  |  |  |  |  |  |
| <b>CHILD'S NAME:</b>                               |  |  |  | <b>DATE OF REQUEST: (d) (m) (y)</b>                |  |  |
| <b>JULY / AUGUST</b>                               |  |  |  |  |  |  |
|  | <b>MON 16</b>                                      | <b>TUE 17</b>                                      | <b>WED 18</b>                                      | <b>THUR 19</b>                                     | <b>FRI 20</b>                                      | <b>SAT 21</b>                                      |
|  | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       |
|  | From:  | From:  | From:  | From:  | From:  | From:  |
|  | To:  | To:  | To:  | To:  | To:  | To:  |
| <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            |
| <b>SUN 22</b>                                      | <b>MON 23</b>                                      | <b>TUE 24</b>                                      | <b>WED 25</b>                                      | <b>THUR 26</b>                                     | <b>FRI 27</b>                                      | <b>SAT 28</b>                                      |
| <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       |
| From:  | From:  | From:  | From:  | From:  | From:  | From:  |
| To:  | To:  | To:  | To:  | To:  | To:  | To:  |
| <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            |
| <b>SUN 29</b>                                      | <b>MON 30</b>                                      | <b>TUE 31</b>                                      | <b>WED AUG 1</b>                                   |  |  |  |
| <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       | <b>HOURS</b>                                       |  |  |  |
| From:  | From:  | From:  | From:  |  |  |  |
| To:  | To:  | To:  | To:  |  |  |  |
| <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input type="checkbox"/>            | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> |
|  |  |  |  |  |  |  |
| <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <input checked="" type="checkbox"/> | <b>NO CARE</b> <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 3, 2012**

**\*\*\*\* SPACES LIMITED \*\*\*\***